Clinical Lectures on DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

By HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO CHARING-CROSS HOSPITAL, AND LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AT ITS MEDICAL SCHOOL.

LECTURE I.

ON PRIMARY CANCER OF THE LUNG.

GENTLEMEN,—There are two classes of cases that have a special claim on your attention—the very common, and the very rare; the common because they *are* common, the rare because they are *rare*; the common because they will form the great bulk of the material on which your future professional services will be exercised, on your knowledge of which therefore your credit, and usefulness, and fortune will depend; the rare because your opportunities of gaining knowledge of them are so few that unless you seize those fleeting opportunities as they pass, and utilise them to the utmost, you will run a chance of not getting any knowledge of them at all—that is, not any knowledge that is worth anything, not any personal and practical knowledge. A book knowledge of course you may get, for a man may read as easily of the rarest disease as of the commonest; but that is a knowledge which will not serve you at a pinch, and will help you nothing when the real thing comes before you, and you have to recognise and treat it for yourselves.

The case to which I wish to call your attention to-day is one of the latter class—one of the rarer forms of disease, and you may probably pass the rest of your student's life without seeing another example of it; but, beyond the interest that it thus possesses, there are many points about it, as those of you who have watched it know, that are highly interesting and instructive, especially in relation to diagnosis and certain striking physical signs. Without further exordium I will read you the history of the case.

Wm. R——, aged forty-three, by occupation a cotton-porter at Liverpool, married, of sober and temperate habits, and never having had any illness but typhus fever five years ago, was admitted into Charing-cross Hospital on Oct. 20th.

Last May, nearly six months ago, he noticed that his neck was swollen, and that he could not button the neck-band of his shirt. He observed too that his face was swollen, and his eyelids puffed. This gradually increased, and about two months later he noticed his breath beginning to get short, which troubled him especially on lying down at night. About the same time the swelling in the neck began to develop itself, especially on each side, in the situation of the posterior triangles, filling up the angle between the neck and shoulders, and producing an appearance as if the glands in that situation were enormously enlarged. Very soon after this another symptom was added—enlargement of the superficial veins of the front of the chest, and subsequently those of the abdomen. To this, after a time, hoarseness was added—a cracked, harsh, rough voice, and a raucous, hissing cough. About six weeks after this he spat a little blood on two consecutive days, amounting altogether to about a wineglassful. Subsequently both arms swelled as well as the face and neck, and the veins of the right arm enlarged also. He has been coughing and spitting a little mucus from the time that he spat the blood; but about a fortnight ago he suddenly began to spit a very peculiar material, evidently puriform, in distinct isolated pellets, which I will more particularly describe presently, and which he is spitting, though in diminished quantity, at the present time. This matter was expectorated in its maximum quantity when it suddenly made its first appearance. The man says that at that time it looked like "yellow corruption, such as comes from a gathering;" but then, as now, from the first, it was in isolated pellets about the size of the end of a child's little finger, remaining quite distinct from one another in the saliva with which they were mixed. The night after he came into the hospital these pellets began to be stained with blood, but on many nights since there has been no blood-stain. He spits much more by night than by day, and any blood-staining of the pellets is sure to be by night. The quantity spat in the twenty-four hours when he first came in was half a pint; it has gradually decreased since that time, and now he spits hardly an ounce of a night. By day he spits hardly anything, the expectoration usually beginning on lying down at night. At first it tasted decidedly "sour;" now much less so. It comes up very easily, and with but little cough. The small pellets all sink to the bottom of the fluid they are expectorated with, and none contain air.

When the swelling of the face commenced many of his friends remarked to him that he was getting stout, but they none of them remarked that he was looking ill; so that at this time, presumably, his health was not perceptibly affected. Moreover, he himself was not conscious of his health failing in any way. But from that time he rapidly lost strength, and his legs became thin; the same change in the upper extremities and upper part of the body probably not being noticed on account of the swelling. The swelling of his face, neck, and breast reached its maximum in about two months; then it remained two months stationary, and now for two months it has gradually been getting less, for the last fortnight considerably so. The face is generally more swollen in the morning, on getting up. The swelling in the right arm has coincided with that of the breast, neck, and face; the left not. It was not swelled more than a week; it came suddenly and went suddenly. The enlargement of the veins of the neck, arms, and anterior surface of chest and abdomen appeared at the same time as the swelling, and, like the swelling, they are considerably less than they were, especially those of the arms; the anastomosing veins, however, of the anterior surface of the trunk seem as large as ever, especially the epigastric.

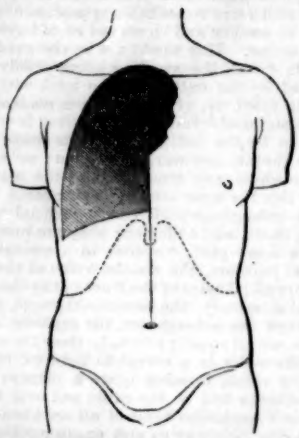
Present condition.—The patient's appearance is very remarkable. His face looks like that of a man with well-developed renal dropsy—the eyes prominent, the eyelids baggy, the whole face puffed and bloated. On stripping him a still more remarkable appearance is discovered: the neck is so swollen and blown out as to have entirely lost its natural shape. This would not be observed so much in profile as in front, the swelling being chiefly lateral; the angle formed by the outline of the neck with that of the shoulders is filled up, giving a curious conical look to the neck. The material forming this swelling is soft and loose, and seems to be the infiltrated areolar tissue of the part. The whole throat, however, is swollen; so are the arms. There is nowhere any true pitting—the œdema appears "tough." But the most striking appearance of all is derived from enlargement of the superficial veins of the neck, arms, chest, and abdomen; they are prominent, varicose, and in some parts tortuous to a remarkable degree. The external jugulars, the smaller veins at the root of the neck, the superficial veins of the front of the chest, especially the external mammary, the acromio-thoracic, the long thoracic, and even the subscapular, the cephalic, and veins of the forearm, are all equally affected. Over the surface of the left pectoralis major is a complete network of knotty and anastomosing veins, forming quite a plexus; they extend round the anterior fold of the axilla and over the shoulder. But the most conspicuous veins of all are those passing upwards from the pelvic veins and anastomosing with those above—the superficial epigastric, and superficial circumflex iliac; these, like those on the breast, are much larger on the left side, and form considerable venous channels, remarkably tortuous, and freely anastomosing with the veins meeting them from above. On feeling the surface over the lateral swellings of the neck, there is a knotty kind of feeling, as if the swelling might depend, in some part, on a varicose condition of the deeper veins in that situation. On shutting the eyes, the course of the enlarged veins can very well be traced by the finger, as full elastic cords. There is no swelling in the lower part of the body, and the legs are shrunk.

The man's voice is cracked, harsh, and hoarse, and he has a cough of similar character. There is a slight character of laryngeal constriction about his breathing—a certain

whispering quality; but whether it is a mere trick I do not know. Respiration 20, pulse 104, at rest, in the sitting posture.

The sputum is unlike any that I have ever seen: one thing I regard as quite certain—that it does not come from the bronchial surface, for it is perfectly free from air, and sinks heavily to the bottom of the spittoon. It consists of pellets, all of much the same size and shape, about that of a haricot bean, looking like pieces of sodden veal, a little shreddy and decomposed on the surface. Most of them are a dirty white in colour, but some pinkish from blood. They lie at the bottom of a clear ropy fluid, which is evidently saliva, of which he spits a great quantity, both with these pellets and without, and which is distinctly blood-stained, like water in which meat has been washed, the blood being evidently derived from some of the pellets. Perhaps it is this colour of the saliva that suggests to the mind the meat-like look of the pellets.

Physical examination.—Complete dulness over the right front; hardly, perhaps, complete below. Lower axillary and lateral region fairly resonant, but not equal in resonance to the left side in the same situation. Suprascapular region dull; interscapular dullish; infrascapular natural. In vocal fremitus I can find no difference in the two sides. Breathing bronchial in all the upper right front, with marked blowing tubular character; it begins to get less so about the third rib, and towards the base of the lung is little more than harsh, with, however, a slight suspicion of blowing character. Behind, the same thing above, but in passing down the interscapular region the breathing becomes natural but harsh, and below the inferior region of the scapula is quite natural, the expiration being almost silent. Absolutely no moist sound whatever on the right side, and no adventitious sound of any kind except the bronchial character of the breathing. Left side natural in every respect, except a zone of crepitation at the end of inspiration at the extreme base behind. I should mention that the supraclavicular percussion on the right side is dull, and that the dulness crosses the sternum to the left side as far down as the lower margin of the second rib, below which it crosses obliquely downwards and to the right. The distribution of the percussion dulness is shown in this diagram which I have



made; it indicates the extension of the solid material upwards and to the left side, and represents, by a diminution of the depth of shade, the diminished dulness at the base. There is almost complete want of movement in the right front; but, as far as I can make out, there is neither retraction nor bulging of the chest-wall. There is, however, increased visibleness of the intercostal spaces on taking a deep inspiration, showing the refusal of the lung to follow the expansion of the chest-wall.

Such are the materials for a diagnosis in this case. Out of such materials what diagnosis can we construct? In other words, what are the lessons of these various physical signs and symptoms?

The first lesson I would impress upon you is the lesson of the *sputum*. Whenever the contents of the spittoon are something altogether exceptional and extraordinary, be sure you have something extraordinary and exceptional to deal with. The sputa of all common lung affections are characteristic, and I am not much overstating their distinctiveness when I say that in the majority of cases you might diagnose the disease by the sputum. The sputum of bronchitis is characteristic; the sputum of phthisis is characteristic; the sputum of pneumonia is characteristic; the sputum of pulmonary abscess is characteristic; the sputum of gangrene of the lung is characteristic. Now here we had a sputum utterly unlike any of these characteristic and familiar types. I felt on looking at it that I had never seen anything like it before; and this was the first thing that convinced me that we had in this case to deal with some state altogether exceptional. I pointed this out to you, you may remember, and ventured at once to predict that we should find the case to be one lying out of the common path. Bear in mind, then, the great diagnostic value of the spittoon, and how positive are the indications of its contents.

The second lesson is the lesson of the enlarged superficial veins. And what do *they* teach us? They tell us that there is an impediment to the free access of blood to the heart, either by the great superior or great inferior venous channel. I say *either*, because whether it is the superior or the inferior cava that is obstructed the result is the same as to the enlargement of these superficial veins of the trunk. And how does the enlargement of these veins point to the fact that I indicate? Because it shows that the blood is getting back to the heart by a circuitous and unwonted route, and this is tantamount to showing that it cannot get back by the direct and accustomed one. It shows, in fact, the establishment of a collateral venous circulation; and this as clearly points to the obliteration (partial or complete) of the original channel, as the establishment of a collateral arterial circulation does in ligature of a main artery. Suppose the inferior vena cava is obstructed by the pressure of an enlarged liver, or an ovarian tumour—what happens? The blood from the lower extremities, unable to reach the heart by its normal and direct course, finds its way round by the anastomosing epigastric and mammary veins to the superior cava, and so enters the right auricle from above instead of from below. Suppose the superior cava is obstructed by the pressure of an aneurism—what happens? The blood from the head and upper extremities, before it can reach the heart, is compelled to follow the same circuitous route, passing down the whole length of the trunk and up again, by mammary, epigastric, and iliac veins and inferior cava, and so entering the auricle from below instead of from above. In either case the same vessels become the means of carrying on the interrupted circulation, and become, in proportion to the degree of the obstruction of the deep vessels and the length of time that the obstruction has existed, large, conspicuous, and tortuous channels. The only difference is that in the one case the blood is flowing in these veins from below upwards, and in the other from above downwards. If the inferior cava is obstructed, the blood is flowing up the superficial epigastric and mammary veins, and therefore in a direction against the natural current in the epigastric and with it in the mammary veins. If the superior cava is obstructed, the blood is flowing *down* the mammary and epigastric, and therefore in a direction contrary to the natural current in the mammary and with it in the epigastric.

Now, which is it in this case? The enlarged veins tell us it is one or the other; but they take us no further: they do not say which. But although the enlarged veins may not, there are other signs that tell us very plainly which cava is the seat of obstruction. The turgidity and swelling of the face and neck, the varicose condition of the veins of the arms, with the history of swelling in the upper extremities, showed that it was the superior cava that was the seat of the obstruction; because it showed an obstructed venous circulation in all the parts tributary to it—parts whose circulation would be quite unaffected by any impediment in the inferior cava. The same localisation of the obstruction was pointed to by the evidences of pressure upon the windpipe, as shown by the character of the voice, the breathing, and the cough.

The third lesson is the special bearing of the evidence of pressure on the diagnosis of the present case. And here we must consider the other physical signs. These were principally, you may remember, dulness on percussion,

want of lung-expansion, loss of respiratory murmur, and bronchial breathing. Taking these bare physical conditions, we might conceivably assign them to almost any source of undue density of lung—collapse, tubercle, hepatisation. But directly we pass beyond them, and come upon the evidences of pressure, we find something that none of these common sources of lung-condensation will account for; the alternatives of the diagnosis have immediately become narrowed. Enlargement of the superficial veins of the chest is no part of the history of phthisis; enlargement of the superficial veins of the chest is no part of the history of pneumonia. And why? Because the anatomical results of these diseases exercise no notable pressure on surrounding or contiguous structures. Whatever the source of solidification in this case, it must be something capable of exercising pressure on surrounding parts; in other words, something attended with increased bulk as well as increased density. And bear in mind, too, that it must be something in which increased bulk is an early primary condition. Evidences of pressure were the very first symptoms that showed themselves: the swelling of the patient's face, and his inability to get the neckband of his shirt together, were the first things that arrested his attention, at a time when he believed himself to be in perfect health; and it was not till two months later that the next symptom—the dyspnœa—showed itself. And bear in mind, too, the capital fact, pointing in the same direction, of the extension of the dulness across the middle line to the left side.

What, then, was left us? In fact, very little. The diagnosis was all but certain; still we thought there was one alternative left: it might be either cancer of the upper part of the right lung, or some mediastinal tumour, possibly cancerous, involving the right pneumogastric nerve, and producing that spurious kind of hepatisation of the corresponding lung that pressure upon this nerve is known to give rise to. In such a supposed case, the various symptoms of pressure and the percussion-dulness of the upper sternum, extending across to the left, would be caused by the mediastinal tumour, while all the other physical signs would depend upon the secondary lung affection. Of these two hypotheses, I inclined to the former: in the first place, because the latter involves a complex condition—a condition partly primary, partly secondary—a condition also more fortuitous (as far as the implication of the nerve goes), and involving almost the idea of coincidence (now probabilities are always in favour of simple conditions and the exclusion of coincidences); in the second place, because it would be unlikely that the outline of the mediastinal tumour would so exactly fit on to, and be continuous with, the outline of the lung dulness; and thirdly, because, as far as I have seen, lung solidification of this particular kind begins below and creeps up, and is accompanied by a fine crepitation closely resembling, if not identical with, that of true pneumonia; whereas in this case there was no moist sound whatever, and the mischief was located above.

The all but certain diagnosis, then, was primary cancer of the upper part of the right lung.

I will now read you the rest of the case, including the post-mortem examination.

The patient went on without any material change for about two months after his admission; indeed, at one time we thought the fulness of the neck and the enlargement of the veins were both diminishing. But about the beginning of December it was evident that the man was getting worse. The bloating of his face increased; the veins were conspicuously larger; the breathing was shorter; he was frequently seized with choking paroxysms of breathlessness, in some of which it seemed as if his life was threatened; his face became dusky, and his ears of a deep purple; the eyes more prominent, and the eyelids more œdematous; the voice became more husky, and the speech more broken from the breathlessness. The absence of respiratory murmur, at first confined to the upper part of the lung, and especially the front, gradually crept down the lung, so that none remained even at the base in front, and very little at the base behind, where, moreover, the percussion became slightly affected. He latterly showed a great tendency to drowsiness. During my taking notes of another patient's case, whom he accompanied to my house, he was constantly falling forward asleep, and even when I was talking to him he would fall asleep in a heavy dozy way between the sentences. The last few days that he was in the hospital, he spent nearly all his time sitting up in bed in this lethargic doze. He went on spitting the same material, unchanged, except that, I think, it contained less blood. On Sunday, Jan. 3rd, probably feeling his end approaching, he insisted on leaving the hospital, and within half an hour of his reaching his lodgings he quietly died in bed, having only a few minutes before asked his brother for some cod-liver oil. There was no urgent dyspnœa—no struggle: he was observed to be unconscious; the respirations became slower and fewer, and at last ceased. He therefore probably died by coma.

Post-mortem examination.—On opening the chest, thirty-six hours after death, the right lung was found in front to be converted into a mass of cancer, leaving only a small portion of the base uninvolved. It was universally adherent, and its separation from the chest-wall was very difficult. It was found, *in situ*, before removal, to extend up beneath the clavicle, and across the middle line in the upper third of the mediastinum. The base of the heart was seen to be pushed down by it, so that the axis of the heart, instead of passing downwards obliquely to the left, passed nearly horizontally across. The left lung was found quite unaffected with the disease, and perfectly healthy, except that it was congested. On removal of the entire contents of the chest the cancerous mass was found to have maintained the conical shape of the lung, except its extension across the middle line in its upper portion. It was firm in consistence, tuberous in outline, and the surface everywhere shreddy, with broken adhesions. It was found completely to have surrounded the superior cava, the right vena innominata, the windpipe at, and a little above, its bifurcation, and the right bronchus. It had completely obliterated the cava, for on cutting into the right auricle, and attempting to thrust the finger into the upper orifice, it was found to be blind—completely occluded. The windpipe and right bronchus were considerably constricted, especially the bronchus, but still pervious. The tumour measured seven inches in its vertical and four in its widest transverse diameter. On cutting it open it was found to have the many-tinted colouring and "run" look of encephaloid, of which it was a very firm specimen. In one or two parts it had softened, and from the cavities formed by the discharge of the softened material a dingy puriform matter escaped analogous to that which the patient spat up. The sac of the pericardium was thickened; its cavity contained a considerable quantity of slightly blood-stained fluid, and both the inner surface of the sac and the outer surface of the heart were shreddy with the lymph of recent inflammation, but no actual extension of the cancer to either pericardium or heart could be discovered. No cancer was found in any other organ of the body. The friends, who narrowly watched the examination, would not allow the removal of the diseased parts or any portion of them, so that no more complete dissection or careful drawing of them could be made; but I made the slight sketch which I now show you when the impression of what I had seen was still fresh upon my mind.

Such, gentlemen, were the post-mortem revelations of this interesting case. You see how entirely they confirm our diagnosis, how exactly they coincide with the physical signs, and how satisfactorily they account for the symptoms during life.

In conclusion, let me direct your attention to two or three points in the clinical history which appear to me to be worthy of remark.

And first, to the connexion between the successive symptoms and the state and stages of the diseased growth. There can be no doubt that the cancerous growth existed some time before the patient was aware of it: for the first symptoms were those which showed that it had already attained some bulk; and even when these arose no other symptoms were present, and the functions of circulation and respiration appeared quite unaffected. This is just what we see in cases of primary cancer of the lung; and it is sometimes surprising how far the disease may advance without revealing itself by what would be thought likely to be its characteristic symptoms. Cases are on record in which the patient has been within a few days of his death before his symptoms have even suggested an examination of his chest. In the next stage of the case we can trace another event in the progress of the diseased growth—namely, its softening, and the breaking of its softened

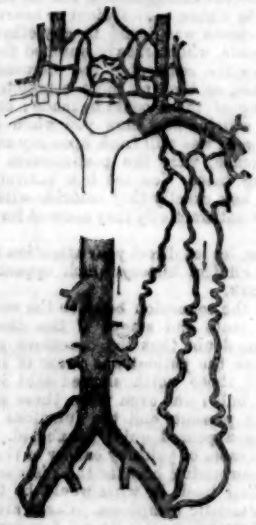
contents into the bronchial tubes. This evidently took place at the time of the sudden appearance of the characteristic expectoration, and accords with the fact of the material being in its maximum quantity at the time of its first appearance—at the time, that is, of its first gush.

And here let me remark to you, in passing, that the one fact to which a nummular character of sputum points is, that the material is something poured into, and not secreted by, the bronchial tubes. You see it in the sputum of pulmonary abscess, of phthisical cavity, of such a case as this, of abscess bursting into the lung from without, &c.

But to return to our patient. A third event, with regard to the cancerous disease, revealed itself by certain outward signs as the case advanced—namely, its growth, and the constantly increasing pressure resulting from it. We could trace, day by day, in the diminution of the respiratory murmur in that part of the right lung that was unaffected by the disease, the tightening grip of the cancerous mass around the right bronchus. As the bronchus became more and more constricted the supply of air to the corresponding lung became, of course, more and more scanty. This was the interpretation that we put upon the almost complete suppression of breath-sound which existed in the lower part of the right lung before death; and the post-mortem conditions fully confirmed the opinion. The right bronchus was just pervious, and no more. We knew that the gradual loss of the respiratory murmur was not due to the invasion of the lung by cancer, because the percussion remained resonant.

If the source of the pressure was constantly increasing, as it undoubtedly was, how are we to explain the diminution of the swelling in the head, face, and arms,—amounting in the arms to its almost total disappearance? To the more complete establishment, doubtless, of the collateral circulation, and the greater freedom with which the blood got back by the vicarious channels thus formed; just as the œdema of phlebitis subsides, although the inflamed and obstructed veins never become pervious.

There was one point that puzzled me a good deal. The enlargement of the superficial veins of the chest was evidently due to pressure on the deeper vessels. The source of this pressure was clearly on the right side; and yet it was on the left side that the superficial veins of the chest were enlarged, and not on the right, where they were not enlarged at all, and were absolutely invisible. What made this the more striking was, that the superficial veins of the abdomen were enlarged on *both* sides, but communicated above solely with the veins of the left side of the chest, as



shown in the diagram. Now, how was this? I must confess that at first it puzzled me; but a little thought—a very little thought—sufficed to clear up the difficulty. The enlargement of the veins was due to their conveying an inordinate quantity of blood. It was necessary, then, that the blood should have free access to them; but it was manifest that if the pressure on the large venous trunks from which they sprang was increased up to a certain point, they would become obliterated, and thus no blood would be able to reach the superficial veins springing from them. We had only then to imagine that on the right side of the chest the pressure had reached this point, and that the right innominate and subclavian veins were compressed to obliteration, in order to understand the absence of enlargement of the superficial veins of the chest on the right side; and the compatibility of this with the dextral situation of the disease exercising the pressure. We see, then, that pressure up to a certain point may produce enlargement of veins, but, carried beyond that point, may produce their disappearance; and that enlarged veins may show, not on which side the disease *is*, but on which it is *not*. This is a consideration well worth bearing in mind, and that may be of great importance in influencing our diagnosis, especially in relation to localisation.

Let me say a word or two in explanation of the diagram. The dark parts are those through which the blood flowed; the parts in outline are those which were obliterated by pressure, and through which there was no circulation. The indication of the path by which the blood from the right upper extremity and right side of the head and neck passed to the left side, in order to reach the inferior cava, is hypothetical; the rest of the diagram is in no way hypothetical, but merely represents that of which we had positive evidence both during life and after death. The arrows indicate the course of the blood-stream.

In the three most characteristic circumstances of primary cancer of the lung this case illustrates what is the rule. Such cancer generally affects only one lung; that lung is commonly the right lung; and the variety is encephaloid. Why this should be so I cannot say, but so it is; and the case before us was, in these respects, in strict conformity with the laws of the disease.

With regard to *treatment*, gentlemen, I need not tell you that I have *nothing* to tell you. The diagnosis of such a case carries with it not only the prognosis, but the therapeutics also. Indeed, therapeutics has no place in such a case. We can only look on as impotent spectators, and watch the gradual extension of the disease, whose progress we can neither accelerate nor retard. I doubt if we can in such a case put off the final catastrophe for a single hour. The only thing that can be done is to alleviate, as far as they admit of alleviation, the most distressing symptoms, and to conduce, as much as we may, to the *euthanasia*. Probably our really efficient pharmacopœia for such cases begins and ends with opium.

REMARKS ON A PAPER ENTITLED "THE FORCE OF THE HEART, EFFECTIVE AND ABSOLUTE," BY PROFESSOR BUCHANAN.

BY CHARLES BROOKE, M.A., F.R.S., F.R.C.S.E.

THE author remarks that the force of the heart has been variously estimated at from 180,000 pounds to 5 ounces, and that these discordant estimates have brought discredit on mathematical reasoning. This discredit must, however, attach, not to mathematical reasoning, but to those by whom it is misapplied: the rule of three, for example, will never be discredited by any amount of blundering answers.

There are two distinct mechanical questions relating to the action of the heart which have, probably, been more or less mixed up by most writers on the subject, not excluding the author above mentioned. One of these (the subject of the above paper), the pressure exercised by the contracting walls of the heart on the contained blood, is a purely statical question, capable of estimation in units of *pressure*, or pounds weight. The other, the amount of work done by the heart during each systole, is a dynamical question, and can be estimated only in units of *work*, or foot-pounds.*

* A foot-pound is the amount of energy required to raise one pound through the space of one foot.

This latter problem is one of considerable interest, but of much greater difficulty, and has not, as far as the writer is aware, been hitherto attempted.

The ideas which the author associates with the terms "absolute" and "effective" forces are by no means obvious; nor is the matter much elucidated by the remark that "the distinction between them is the same as that which is familiar in mechanical science between the weight to be raised and the power which raises it," inasmuch as there is no "mechanical" difference between the weights in equilibrium on any simple machine, except in magnitude. The application of the term "power" to one of these is a fertile source of erroneous ideas.

The only intelligible sense that can be assigned to these terms in relation to the heart is, that the absolute force is the sum of the forces of the individual fibres; while the effective force is the sum of the resolved portions of those forces which conspire to produce the contraction of the organ. It is obvious that the latter alone is susceptible of definite measurement.

The author has introduced considerations of velocity and resistance, which are wholly foreign to the problem proposed to be solved; and in particular, the introduction into his numerical results of a quantity representing the depth of a vessel, from an orifice in the bottom of which a fluid would flow *into a vacuum* with a velocity of 10 in. per second (the assumed velocity of the blood), is purely gratuitous.

The question at issue, although fruitlessly complicated by the author, is really a very simple one. If a vessel be attached to the lower end of a vertical tube, and both filled with fluid, then, according to a well-known hydrostatic law, the pressure against the internal surface of the vessel will be the weight of a column of the fluid, of which the height is that of the fluid in the tube, and the base an area equal to that of the internal surface of the vessel. If these data can be estimated with sufficient accuracy in man, a reliable result may be immediately obtained; and the following means are suggested for arriving at the data required.

The author infers the height of a column of fluid sustained by the pressure of the blood in a large artery in man, from the results obtained by Hales in the horse, sheep, and dog, but without assigning any reason for the particular number he has assumed: this height may, however, be obtained in suitable cases by direct experiment.

Let a bit of a thin vulcanised sheet of caoutchouc be tied over the mouth of a small glass funnel, and this connected by a flexible tube with a long vertical glass tube. If the mouth of the funnel be placed over any superficially projecting aneurism (the more superficial the better), the convex surface of the aneurism will bulge inwards the membrane; but if a column of water equivalent to the internal pressure in the sac be poured into the tube, a compression of the aneurism will be maintained, which may be observed through the side of the funnel, by the elastic membrane being kept flat, or slightly convex.

The required superficial area of the ventricle may be thus obtained: Let a cast of its cavity be taken in plaster of Paris; then take a slip of gummed paper one inch broad, and say 18 inches long; cover the surface of the cast accurately with pieces cut from this paper, moistened, and stuck on. Then the difference between the whole length and that of the remainder will give the number of square inches of surface required.

The product thus obtained will obviously represent the initial force only; but it being the result of experiment that the hæmastatic column remains nearly constant, it is presumable that the diminished force, as contraction progresses, is nearly proportional to the diminished surface on which it acts, and thus the effective force would be maintained nearly equal during the systole.

The author does not appear to fully appreciate the mechanism of the capillaries. He says that, "in many of them not more than a single blood-corpuscle can pass at a time." It has been with the writer the result of frequent microscopic examination, that in each species of animals the normal diameter of the capillaries is *invariable*, and is such that the corpuscles can just pass easily in single file. The obvious scope of this arrangement is to prevent the jamming which a small increase of diameter would permit.

Fitzroy-square, June, 1869.

CASE OF SPINAL APOPLEXY.

BY ROBERT JACKSON, M.D.,
SURGEON TO THE NOTTING-HILL DISPENSARY, ETC.

ON Sunday, the 2nd May, 1869, Miss F. L——, a bright, merry, healthy, and well-developed young lady, aged fourteen, arose as usual, but while dressing said her "fingers felt weak." She, however, went to church both morning and evening, and seemed quite well.

On Monday she again got up as usual, but complained of the same "weak feeling" in her hands. Otherwise she felt very well; participated in the usual studies of the day; and in the evening had a warm bath, enjoyed it, and got into it "with the use of all her limbs."

On Tuesday she was much the same. Ate a good breakfast, feeding herself, &c. During the forenoon, however, the weak feeling considerably increased, and I was sent for. I found her lying on her back in bed, quite merry, laughing, free from all pain, and rather amused than otherwise at her condition. She was, however, unable to shake hands with me, or to move her arms except at the wrists; and failed altogether to pick up a pin placed on a book before her.

On Wednesday there was no very material alteration. I observed, however, that the intercostal muscles were not acting quite freely; she seemed, too, to lie *heavier* in her bed, and she evidently was more unable to turn herself round. There was also a moist crepitant râle over all the chest, with a little cough. The secretions continued free, the pulse regular; and she ate, being fed, a good dinner of roast beef.

On Thursday Sir William Jenner kindly saw her with me. Her general condition was not greatly altered: every sensation perfect; no anæsthesia; and she displayed her usual quick perception and intelligence. A careful examination, however, at this time clearly demonstrated a great and decided loss of power in all the voluntary muscles of respiration, and in those muscles of the arms, back, and chest, supplied by the branches of the cervical nerves. The diaphragm, too, was becoming fixed, and there was slight lividity about the cheeks, with a fall in the natural temperature.

From these symptoms it became evident there was some serious spinal lesion, implicating probably, and more particularly, the anterior branches of the cervical nerves and the origin of the phrenics.

Sir W. Jenner, therefore, diagnosed, and, as will be seen, with perfect accuracy, a clot in the cervical portion of the spinal cord, and he prognosed, notwithstanding the bright eye and still merry laugh, a speedy and fatal result. This took place thirty hours afterwards, without pain, without loss of consciousness or sensation, but only as the cessation of the power of respiration became more and more determined, with a desire to be raised "higher and higher."

In this interesting case a post-mortem examination of the brain and spine was kindly allowed, and made forty hours after death. There was slight opacity of the dura mater in several places. Brain congested and soft. A softened spot and ill-defined clot in the cerebellum. The whole cervical portion of the spine, but particularly anteriorly and to the left side, was imbedded in an oblong clot of dark venous blood outside the membranes. The whole length of the cervical portion of the canal and dura mater were deeply tinged by the colour of the clot. The cervical nerves all passed through this effused blood, the intervertebral canals on both sides being filled with it. So soon as the seventh cervical vertebra was reached the clot ceased, and the cord and canal assumed their normal condition and colour. There was also a good deal of semi-clotted blood about the pons, and the nerves arising from it.

It is certainly a matter of much difficulty to account satisfactorily for this great effusion of venous blood in a subject so young, and so apparently healthy and robust. No outward cause could be assigned; there had been no blow or injury, no illness, no interrupted function; but living with kind and affectionate relatives, she enjoyed every comfort and happiness. It might have been assumed that so great a lesion, situated in so important and vital a position, would

have given rise to more decided and graver symptoms from the beginning. The only probable explanation is, that the effusion took place very gradually, had room to extend itself, and coagulated slowly and imperfectly. Until the paralysis of the diaphragm, showing dangerous interference with the functions of the phrenic nerves, nearly every symptom might have been attributed to one or other of those obscure forms of hysteria so frequently met with in practice.

Notting-hill-square, Notting-hill, June, 1869.

A CASE OF ENCYSTED ABDOMINAL TUMOUR.

SPONTANEOUS RECOVERY.

BY E. F. FUSSELL, M.B., M.R.C.P.,
PHYSICIAN TO THE BRIGHTON DISPENSARY.

IN a large number of abdominal tumours it is universally acknowledged that their true nature can only be determined by such precise tests as the knife of the surgeon, the successful efforts of nature to rid herself of that which is hurtful, or the evidence which a post-mortem reveals to the researches of the pathologist. The following case affords a remarkable example of the fact, that if these tumours be a stumbling-block to the ordinary physician, they are sometimes no less puzzling to those who have made them their especial study.

Mrs. P——, aged forty-two, married, with two children, consulted me in the early part of 1868 for a swelling at the upper part of the right iliac fossa. It was painless, about the size of an orange, and presented in its general features much the aspect of an hydatid or ovarian tumour. Catamenia irregular. Nothing abnormal could be felt per vaginam. In the course of six months it gradually increased, without any active symptoms, until it became as large as a child's head; it was much less defined, and less globular, than it was at first; rather tense; not absolutely dull to percussion. No fluctuation, and no solid body, could be detected. Uterus not enlarged.

She consulted a physician at Weston-super-Mare; and on her return the tumour had increased in size, and began to cause her much uneasiness. She said she was about to go into the London Hospital to be operated upon. To this I demurred, and requested a consultation with an authority in town, who pronounced it a "ventral hernia;" and she was directed to wear a graduated air compress. A few days afterwards a red spot appeared on the surface of the tumour, and in the course of a week she wrote—"The boil has broken, a quantity of yellowish-looking water has come away, and the swelling has vanished." To tactile examination there was only a fulness, and on her standing up but a slight bulging. From the minute opening I obtained a teaspoonful of thin sero-purulent fluid, which under the microscope exhibited some blood- and pus-corpuscles, but nothing else noteworthy. She subsequently saw a distinguished obstetrician in Edinburgh, who spoke of an injection, but afterwards determined to leave it alone. There was a slight oozing for several months. There is now a puckered cicatrix, and for a few inches in its neighbourhood the integuments feel thickened and hard. She has miscarried lately, but is at the present time (June, 1869) quite well.

What was the nature of this tumour? Besides the two diseases above-mentioned, it presented characters common to several others in its position, growth, dimensions, and phenomena discoverable prior to its bursting—e. g., psoas abscess, pelvic abscess, colloid cysts. Of the second of these a case is mentioned by Dr. M'Clintock, in which the swelling must have equalled, if not exceeded, that which I describe. Cystic disease of the kidney sometimes forms a tumour in front of the intestines, entirely confounding the diagnosis;* and the urine may be normal if the diseased kidney has ceased to secrete, and if the other is healthy. Colloid cysts may contain fluid of the utmost diversity in thickness, and be mistaken for ovarian tumours.† Dr. Crawford‡ has published a case of spontaneous cure of an ovarian cyst by the discharge of its contents through the abdominal wall. But of all the outlets by which ovarian tumours sometimes empty themselves, the external abdominal issue is, according to most authors, less often followed by a cure than when they escape by other channels. I am not even now prepared to state accurately the precise origin of the formation of the cystic tumour that I have related. It may have been an ovarian cyst which inflamed and suppurated, or a chronic abscess altogether confined to the abdominal parietes.

Brighton, June, 1869.

* THE LANCET, March, 1865.
† St. George's Pathological Catalogue, p. 541.
‡ Medical Times and Gazette, March, 1867.

EFFECTS OF A PISTOL-SHOT FIRED CLOSE TO THE CHEST.

BY J. DANIEL MOORE, M.D., F.L.S.,
DEPUTY CORONER FOR THE COUNTY PALATINE OF LANCASTER, AND HON. SURGEON TO THE LANCASTER INFIRMARY.

A VERY interesting case, illustrating the effect produced by discharging a pistol loaded with a small bullet only, fired close to the body, occurred in the person of W. B. Kendall, a man forty-three years of age, who committed suicide by shooting himself, and was found dead in his house in Lancaster on the 3rd of June, 1869.

When found, he was lying on his right side on the floor of the kitchen of his house.* There was a large pool of blood near him; and a pistol that had been recently discharged, having an exploded percussion cap on the nipple, was lying at his feet. The fingers of his right hand were blackened as if from the explosion of gunpowder. He was dressed in his usual clothing, was quite dead, and rigor mortis established.

I saw the body on the following morning, and found that there was a large hole in his coat, waistcoat, shirt, and under-shirt on the left side. The margins of the holes were scorched and ragged, and some of his clothes were saturated with blood. There was also an aperture in the wall of the chest sufficiently large to allow me to pass my hand freely into the thoracic cavity. When the body had been stripped, this wound was found to be circular in shape, and nearly 3 in. in diameter; portions, about 2½ in. in length, of the fourth and fifth ribs, at about 3 in. from the sternum, on the left side, were in fragments, and carried into the chest. The margin of the wound was burnt, ragged, and slightly inverted. The inversion may, however, have been caused by the hands of several medical men having been introduced into the wound. On opening the chest, the heart was found to be intact, and situated nearer to the right side than its normal position. The left lung was completely shattered; and in its substance were several fragments of bone from the broken ribs, and pieces of cloth from his apparel. There was no aperture of exit, and for some time I failed to detect any shot or ball; but, on continuing my examination, I discovered a small leaden bullet, measuring about three-eighths of an inch in diameter, and weighing a drachm and a half (72 to the lb.), impacted in the substance of the left side of the fourth dorsal vertebra and head of the corresponding rib.

This case will be of importance to the medical jurist from showing the great extent of injury that may be inflicted with a pistol loaded with powder alone; I say powder alone, for a bullet so small as the one discovered could not inflict more than a comparatively small amount of the injury that the deceased received. I have no doubt but that the demolition of the chest-wall, covered with several thicknesses of clothing, to the extent of a circle nearly nine inches in circumference, the fragmentation of the ribs, and shattering of the lung, are entirely due to the muzzle of the pistol having been pressed closely to the chest; for had the injury been produced by the bullet alone, a small opening of little more than a quarter of an inch in diameter would have been the result; at the utmost one rib only would have been fractured. From the fact, however, that the centre of the opening corresponded with the intercostal space, I am inclined

* I am aware that the position in which I have stated the deceased to have been found differs from that given in evidence at the coroner's inquest, but have reliable testimony from the person who moved the body as to its position before it was seen by the police authorities.

to think that the ball would probably pass through that space, and that both ribs were fractured by the force of the explosion alone.

Lancaster, June, 1869.

ON A CASE OF EMPROSTHOTONOS,

RESULTING APPARENTLY FROM COLD,

SUCCESSFULLY TREATED BY THE SUBCUTANEOUS INJECTION OF THE SOLUTION OF THE EXTRACT OF THE CALABAR BEAN.

BY BERNARD DUFFY, M.D., F.R.C.S.I.

MR. J. L. T——, from thirty-five to forty years of age, of spare habit of body, leading a temperate but rather sedentary life, being in Florence on the 17th and 18th of April, when a sharp northerly wind was blowing from the heights of the surrounding Apennines, still covered with snow, and labouring under a cold caught in England some three weeks before, omitted the precaution of wearing an over-coat whilst lounging about the narrow and sunless streets, numerous in the older quarters of the capital of Italy. About midnight on the 19th Mr. T—— was seized with sudden spasmodic pain at the lower part of the sternum, shooting backwards, and followed soon after by complete rigidity of the intercostal muscles, so that he felt as if his body were locked in a vice.

I saw him at about half-past eight on the morning of the 20th. He was sitting on the side of his bed, his head and chest so rigidly bent forwards as to prevent his assuming the erect position, his countenance indicative of extreme distress and anxiety, and the respiration short, frequent, and what the French call *saccadé*. On percussing the chest, a tolerably clear sound was emitted, but auscultation showed that little or no air entered the smaller air-cells of the lungs. The heart's action was hurried, but regular, and free from signs indicating organic lesion. Pulse from 90 to 96. On applying the hand to the chest, the intercostal muscles were found permanently contracted into *hard* lumps, also the recti abdominis, thereby greatly increasing the emprosthotonos, the tendinous intersections being quite evident, while the external oblique was as flat and as hard as a deal board; what respiration there was seemed to be carried on exclusively by the diaphragm. A warm bath was ordered, and while it was being got ready mustard sinapisms were applied to the insteps, a draught of camphor julep with mindererus spirit and chlorodyne was given, and a camphor liniment with chloroform and atropia rubbed into the chest.

These remedial measures, including the bath, affording but trifling and temporary relief, and the patient beginning to complain of stiffness about the neck with some difficulty in swallowing, though the frontal facial and masseter muscles were yet free, I resolved to lose no further time; and believing that I had to deal with a case of tetanus produced by cold affecting the afferent nerves, and giving rise to exaggeration of the reflex motor function of the spinal centre, I injected, about noon, under the skin of the neck on the right side, one-third of a grain of the extract of Calabar bean dissolved in eighteen minims of water, as recommended by Mr. Thos. R. Fraser, Assistant Professor of Materia Medica at the University of Edinburgh; the solution being previously neutralised with a solution of the carbonate of soda. This injection was repeated every three hours on that day; and nausea, but no other apparent result, supervening after the fourth dose, the injections were suspended for the night, and until the following morning at nine o'clock, from which time they were used steadily every second hour. Nausea, faintness, and perspiration coming on after the fourth dose, they were discontinued; an evident impression having been made by this time on the muscles engaged. After this the tetanic symptoms gradually yielded, so that on the night of the sixth day the patient was enabled, for the first time since the attack, to resume the recumbent position without an aggravation of the spasms.

Purgatives and enemata were administered without effect until the 21st, when the bowels acted freely, with great relief to the patient. On the 22nd two blisters, each about ten inches long and over an inch wide, were raised, by means of Messrs. Bullen and Burt's blistering fluid, on either side of the dorsal spinous processes.

On the 21st, about midday, the exhaustion was alarming, and then the patient was seen, in consultation with me, by Signor Burci, the late able Professor of Clinical Surgery at the hospital of Santa Maria Nuova, in this city; and, owing to the rarity of the case, and as a further example of the beneficial result of the use of Calabar bean, he suggested that it should be recorded.

Florence, May, 1869.

THE WIMBLEDON CAMP AND THE EARTH-CLOSET SYSTEM.

BY JOHN WYATT, ESQ.,

SURGEON-MAJOR, COLDSTREAM GUARDS; AND SURGEON TO THE NATIONAL RIFLE ASSOCIATION.

THE best method of deodorising and disinfecting the excreta of such an encampment as that of Wimbledon has formed the subject of several communications which have lately appeared in THE LANCET, and particularly with reference to the efficiency of the dry-earth conservancy, all of which I have had the advantage of carefully perusing and reflecting on; for the whole question involves a very anxious consideration for myself, as the responsible medical officer of the National Rifle Association. Last year was the first on which the Council determined to adopt Moule's system of earth-closets, and, with the exception of two days, nothing could have been more efficient than the working of them, although on account of the unprecedented amount of diarrhœa, they were in unusual demand. It has been attempted to be proved by one writer that the dry earth is not a disinfectant, though it may be a deodoriser; and the comparison of the rattle-snake without the warning of the rattle being none the less a venomous reptile, has been quoted to prove that deodorisation of dry earth does not necessarily imply neutralisation of the pernicious products. No doubt an open enemy is more desirable than a concealed one; but perhaps, after perusing the report on the dry-earth conservancy system in the Madras Presidency, a more favourable notion will be entertained of its applicability, especially for encampments, barracks, gaols, &c., where many people are congregated in a more or less confined space. I have always been strongly of opinion that if the dry-earth system be *efficiently* worked it is capable of proving both a deodoriser and a disinfectant of human excreta.

Let us compare results, and especially a little in detail, by the light of the Indian Report recently received. In the Madras Presidency the application of the dry-earth system extended over a period of four years. It was proved that pure clay possesses large deodorising powers, seven pounds being equal to seventeen pounds of the best earth found near Madras, and that two pounds were capable of absorbing one pound of water or urine; and the conditions necessary for the efficient working of the system were dryness, immediate application, and sufficiency in quantity. There was a difficulty about the urinals, owing to the enormous quantity of earth necessary to be used for complete deodorisation; and in wet weather means must be resorted to for drying the earth.

The essential condition of success in the Madras report is stated to be, that the earth should be as dry as possible, and that it should be stored in a roofed building to prevent the contact of rain; that all ordure should be completely deodorised before it is buried, when it can no longer undergo putrefactive fermentation, or disengage any of those noxious gases which are perceptible to the senses and injurious to the health of those exposed to their influence. The objection to the earth system is represented to be—the great cost of procuring earth for daily use, and of its removal, while, on the score of economy, that by sewers is preferable; but when a good system of drainage and water supply are deficient, the system of dry-earth sewage is doubtless the best means available for thorough amalgamation with the ex-

creta. It is well known that if the acidity of the urine can be maintained, decomposition will not result, and as M'Dougall's disinfecting powder contains carbolic acid, in association with sulphurous acid, lime, and magnesia, the results are very favourable; but the coal-tar acids have higher disinfecting powers. Chloride of lime, one of the strongest of the class of deodorisers, reacts only on the gases of existing putrefaction, but has no influence on the future. Carbolic acid has scarcely any action on fetid gases, but it attacks the cause which produces them, and at the same time combines with the organic matter in such a way that it never reacquires its tendency to putrefy; it acts by destroying vitality, and the use of it tends to remove the objection to the deposit of sewage in pits, not only by arresting decomposition, and rendering it incapable of taking on any further action of that nature, but by admitting of its immediate disposal on grass land, soldiers' quarters, or farm lands. It is undoubted that earth and feculent matter may be kept in a dry state for long periods without putrefactive changes setting in; but if water gains access to it decomposition occurs. Buried in pits, and covered over, it is free from smell at the expiration of six months; and it may be considered as certain that dry earth has the power to render decomposition in excrementitious matters dormant, and to keep latrines and urinals inodorous. But certain conditions are necessary for its effectual action, these being, as before stated—1, dryness; 2, application in sufficient quantity; 3, immediate application; 4, reduction to powder; 5, selection of a suitable earth.

The quantity necessary to deodorise the daily evacuations of a healthy adult is about two pounds and a half, and about six pounds and three quarters for the daily urinary excreta, assuming it to be about thirty ounces in the twenty-four hours; but coal-tar should always be applied to the utensils used. This large quantity of earth for the deodorisation of urinals must always impose a great difficulty to its application, therefore it is recommended that they should be treated by M'Dougall's disinfecting powder only. It is calculated that the cost of latrines alone, without urinals, is about £300 per annum for a regiment of 1000 men, and if employed for urinals it would be £120 more. When the excreta are buried in the earth, the mass is liable to give out offensive vapours in damp weather, and when a small quantity of the deodorised and buried excreta is taken up, and diffused in water, it is found to teem with various forms of organic life—the forms which some writers have included amongst the causes of Asiatic cholera.

Earth is the great assimilator and neutraliser of all decaying organised matter; it incorporates the organic elements with itself, and renders them useful for the nourishment of living vegetation. It is through the medium of the earth that the entire cycle of life and decay is completed. Such are the most important points extracted from the Madras report, which well deserves a careful perusal by all sanitarians.

The difficulties of attempting any other than the dry-earth conservancy system at Wimbledon with any hope of success would be chiefly the very limited space available, and the want of a suitable position for receiving any water-sewage which might be established to bear off the excreta. No doubt that last year the arrangements for carrying out the earth-closet system were not quite so perfect occasionally as could be wished, which will be rectified this year. I have ventured to advise that besides the precautions to secure absolute dryness of the earth used, and frequent application of it, it should also be mixed with a proportion of freshly burnt lime, about one part to four of earth, from which mixture I am induced to anticipate a more perfect sanitary result. I also intend to recommend that M'Dougall's powder should be employed for the use of the urinals.

It is true that diarrhœa of a severe character was very prevalent last year, which I believe was entirely due to the combination of excessive heat and the frequent imbibition of very imprudent beverages; for, in fact, we were approximating to the condition of an encampment in hot climates, where, I believe, diarrhœa is almost universally present at first. Certainly I had no reason to suspect that the closets, when deprived by the earth of their odour (which they occasionally were not, from the excessive use of them,) in any way contributed to the production of disease; and it would not be logical to condemn any system because of an admitted imperfection in any temporary practical details: let us try again under more favourable circumstances and better surveillance. Dr. Johnson suspects that they were more or less associated as cause and effect. I am not yet of that opinion; but certainly if he has failed in connecting the earth-closet system with the cause of the diarrhœa, he has established a sound and successful theory for practically curing the disease, however produced, by the eliminative treatment, which we found most invaluable and reliable in all cases, but especially in the more severe attacks.

London, June 30th, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullaautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

DISEASES OF THE GENITO-URINARY ORGANS.

(Under the care of Mr. MAUNDER.)

FOUR interesting cases of the above class of diseases have lately been submitted to operation by Mr. Maunder.

CASE 1. *Intractable stricture.*—For years this patient, forty-five years of age, had been the subject of stricture situated near the bulb. Catheterism, rapid dilatation, and internal incision, culminating in the possibility to pass a No. 9 catheter, failed to give relief to the man, who had a frequent desire to micturate, and then passed urine only in drops or in a small stream. Perineal section was now performed, with perfect relief to the symptoms, and the urine flows freely (fifth day from operation) partly by the wound and partly by the meatus.

In commenting on the case, Mr. Maunder said that a very large majority of strictures could be sufficiently relieved by the simple use of the catheter or bougie, and consequently any means which involved a breach of surface was unjustifiable, unless in exceptional cases.

CASE 2. *Stricture; complete retention.*—This man, sixty years of age, had suffered from stricture for many years, and from complete retention for forty-eight hours, having walked twelve miles to the hospital. Croton oil, a warm bath, and catheterism by the house-surgeon, failed to afford relief. When seen on June the 13th by Mr. Maunder, the bladder was distended above the level of the umbilicus, and the patient was in great pain, and a good deal exhausted, with a dry tongue. The bladder was at once tapped per rectum, with immediate and marked relief to suffering, and about four pints of urine, of offensive odour, and containing some muco-pus, were removed. On the following day the man, though weak, was very pleased with his condition.

CASE 3. *Calculus in the urethra.*—A child, about two years of age, was admitted June 13th, with retention of urine, which had existed thirty hours. A calculus, impacted in the urethra opposite the root of the scrotum, was removed with some difficulty with a small scoop, and the retention relieved.

CASE 4. *Calculus vesicæ.*—A very feeble man, aged sixty-eight, had suffered from symptoms of stone during the last two years. He was extremely exhausted, micturating every ten minutes, his urine being loaded with muco-pus, and ammoniacal. He was ordered benzoic acid, and on the 12th inst., having rested in bed four days, Mr. Maunder performed lithotrity under chloroform. After this the symptoms were somewhat less severe. On the 14th the operation was repeated, and the stone thoroughly broken up, a fair quantity having come away after the first sitting.

With Weiss's new instrument lithotrity certainly is a most elegant operation, and if carefully performed entails in its application comparatively little risk. In the foregoing case the operator never failed to catch a fragment of the

stone, and after neither sitting was the urine stained by a single drop of blood. At the time of operation Mr. Maunder explained the two methods of using the lithotrite, preferring that of Civiale as being likely to do less injury to the bladder than that of Brodie, in which latter, of necessity, the blades of the instrument come in contact with that viscus.

One hundred and fifty grains of benzoic acid, administered over a period of seventy-two hours, had removed the ammoniacal odour, and rendered the urine acid.

WEST LONDON HOSPITAL, HAMMERSMITH.

OBSTRUCTION OF THE BOWELS OWING TO SCIRRHUS OF COLON; DEATH.

(Under the care of Dr. SIBBS.)

THE diagnosis here was from the first that the patient was afflicted with cancer, firstly, because of the asthma with which the illness began, there being no history of such attacks previously, either in the patient's own case or in his family, and no evidence of heart or lung disease. The asthma, moreover, ceased entirely when the more serious mischief set in. Both lumbar regions were tender to the touch, and dull; but beyond this there was no indication whatever as to the seat of mischief. Amussat's operation was not tried, although it might have given a few hours' relief, if successful, in a case in which the stricture was so far distant from the anus. The two operations discussed were—puncture of the colon, which, by letting out fæcal matter into the peritoneal cavity, would have been fatal; and an exploratory operation, which was not attempted, as the only warrant for it was the pain complained of in the umbilical region, where the patient believed the obstruction to be. A feature worthy of remark is that the stercoraceous vomiting, at one time so free as to lead to the suspicion of a communication between the colon and the stomach, was almost entirely arrested, and completely kept under, by subcutaneous injections, at first of morphia and atropia, and afterwards of morphia alone. Neither the direct nor interrupted galvanic current availed, although a small passage was left; but their use increased the pains and tormina very much.

Mr. W. P. Adams, house-surgeon, has furnished us with the notes.

R. C——, aged forty, shoemaker, a thin man, with a sallow but not cancerous complexion, was admitted on March 23rd, with obstruction of the bowels. He had always had good health till three months since, when he had an attack of asthma. On March 16th, he was seized with sudden pain in the abdomen; the bowels had been relieved once on that day. He applied at the hospital, and was ordered a calomel-and-opium pill, which gave him no relief. He was accordingly attended at his own home by the house-surgeon, and was treated with purgative medicines and enemata, which failed to relieve him; and, as he was getting worse, he was admitted into hospital. He had some stercoraceous vomiting two days previous to his admission. States that he has always been very regular in his bowels, but three months ago he had an attack of constipation, which yielded to a few doses of purgative medicine. Admits having drunk rather freely in early life. No history of cancer in his family.

Condition on admission.—Has passed nothing by the bowels for a week. Pulse 84; tongue clean. Has vomited some fæcal matter this morning; the abdomen is distended; superficial veins enlarged; outline of stomach, which is distended, well defined; abdomen tympanitic in iliac and umbilical regions; marked tenderness on pressure in left lumbar region; slight dulness in both flanks. Principal pain referred to umbilical region. No hernia to be detected in any of the usual situations; the rectum is quite clear and free from disease. No albumen in urine, which is of usual quantity, and passed without difficulty. Gums slightly ulcerated, and bluish, but without a defined line.

March 23rd.—An enema of one pint of warm olive oil was given with a long tube passed up the rectum about six inches; it was not retained, and brought away nothing with it. To have one grain of extract of opium every six hours, and an enema of warm soap-and-water to be given night and morning.

24th.—Pulse 108; tongue clean. Vomited a large quantity of fæcal matter. Nothing has passed; abdominal distension increased. Five grains of calomel at night.

28th.—Passed some small round balls of hardened fæces, after enema this evening; not in much pain.

29th.—Pain very great. Pulse 108. Has vomited a great deal of fæcal matter.

30th.—Vomited more fæces. Complains very much of the feeling of distension. Omit the opium pill. Abdomen to be rubbed night and morning with a liniment composed of equal parts of belladonna liniment and chloroform liniment. To have five minims of tincture of belladonna every four hours.

31st.—Sickness still continues. Pulse 108; tongue clean. Nothing has passed. Tincture of belladonna to be increased to ten minims every four hours.

April 1st.—Fæcal vomiting still occurs frequently, especially after taking any food. Some more hardened fæces came away with the soap-and-water enema this morning.

3rd.—In great pain. Is vomiting large quantities of fæcal matter. Abdomen tympanitic; some slight fluctuation; pulse 108. To discontinue the liniment, and also the tincture of belladonna. To have a subcutaneous injection of atropine solution, with a quarter of a grain of hydrochlorate of morphia, every six hours.

4th.—Passed a good night. No sickness all day. Pulse 92.

7th.—Has been tolerably free from pain since last note, and has had no sickness; but nothing has passed the bowels. To have ten grains of calomel, three minims of croton oil, one grain of extract of opium, and five grains of the compound extract of colocynth, to be made into three pills, one to be taken every four hours.

10th.—Pulse 100, weak. Patient begins to look very worn, and is getting much emaciated. No sickness. Had an enema this evening of warm soap-and-water while in a warm bath, which brought away a small quantity of liquid fæces. Has a subcutaneous injection whenever he is in very great pain.

13th.—Vomiting has returned. To have bismuth, five grains, and compound tragacanth powder, ten grains, in half a teacupful of beef-tea, every six hours. The subcutaneous injection to contain half a grain of hydrochlorate of morphia. Chloroform liniment to be rubbed into abdomen night and morning.

16th.—A little liquid fæces has come away to-day, and on the two preceding days. Pulse 96. No sickness. Galvanism applied to abdomen with a magneto-electric machine. Abdominal distension increases very much.

17th.—Much the same. An enema was given him this vening while in a warm bath. The tube was passed up fourteen inches. A few hardened lumps came away.

20th.—General condition the same. Pulse 80, feeble. To have the following mixture: iodide of potassium, ten grains, and an ounce of decoction of bark, twice a day. An enema of an ounce of castor oil and a pint of oatmeal was given him to-day, and a little hardened fæces came away with it.

24th.—Nothing has passed since the 21st, when some liquid fæces came away after an enema and warm bath. Patient seems very weak after the baths. Slept better last night. Had a subcutaneous injection of morphia, half a grain. Has been having morphia by the mouth since the 18th. The relief afforded by the subcutaneous injections is much greater than that by the morphia draughts. Mr. Teevan examined the patient to-day with a view to some operative interference, but was unable to localise the seat of obstruction, and decided to wait. He suggested that half-drachm doses of tincture of nux vomica should be added to the iodide of potassium and bark mixture, and that galvanism should be applied with a Stohrer's battery.

26th.—Patient weaker. Pulse 80, feeble. Galvanised him to-day, a tube connected with the battery being inserted in the rectum. Patient said that he could "feel the current working inside" him. It gave him great pain.

28th.—Abdominal distension very great. Pulse 80; tongue clean; no sickness; complains greatly of flatulence. Galvanised him again to-day. Says he cannot bear the pain caused by it. Is now having a grain of hydrochlorate of morphia injected subcutaneously, as any less quantity gives no relief. Generally has two injections in the twenty-four hours. A consultation was held to-day to consider the propriety of some operation being performed, and it was decided not to interfere.

29th.—Patient has slept but little. Says he feels lulled after the subcutaneous injections, though they do not make him sleep much now. Has passed about a teacupful of liquid fæces this morning. Has had an assafœtida enema to-day.

He gradually sank, and died on May 2nd.

Examination forty-nine hours after death. — On opening the abdomen a small quantity of serous fluid escaped. The whole of the intestines, both large and small, were enormously distended with liquid fæces, and in many places there were deposits of lymph upon them, matting them together. The rectum was quite clear, and free from any disease; but in the descending colon, at a distance of sixteen inches from the anus, was an indurated ring of cancerous tissue, springing from the coats of the bowel, and almost occluding it. A small passage, about the size of a goose-quill, was left. The intestines above the point of obstruction were very much distended, but all below it were much contracted and empty. The lumbar and mesenteric glands were enlarged; liver small, and somewhat atrophied; stomach empty and contracted; thoracic viscera healthy.

Reviews and Notices of Books.

A Handbook of Therapeutics. By SYDNEY RINGER, M.D. Small 8vo, pp. 485. London: H. K. Lewis. 1869.

THIS work is deserving of praise as a laborious compilation of much that has been written and said of the application of the commoner medicines in the treatment of disease. The reader must not expect to find in Dr. Ringer's Handbook any general exposition of the theory of the action of medicines. It is chiefly devoted to the practical side of the question. One fault that we must find with it *in limine* is, that the author seems but superficially acquainted with the many standard works on the subject in English. His treatise is founded on the German work of Buchheim. He has, perhaps, intended to return the compliment which has been paid to us abroad. The most important work on therapeutics which has appeared in Germany—that of Professor Albers, of Bonn—is founded upon a well-known English book, and is, in fact, in great part a mere translation of it. It would have been better, perhaps, if Dr. Ringer had contented himself with giving us a translation of Buchheim's work. He would then, at least, have escaped the responsibility of fathering Buchheim's errors. As a correct understanding of the *modus operandi* of drugs is the only rational excuse for their employment in novel cases of disease, we are justified in placing theoretical therapeutics, as far as they have been worked out, on a higher level than the random results of empirical observation. An error in science leads to a misdirection of art. Men of the present day, who like to know the reason for everything, are scarcely convinced by being told that a certain drug will cure a certain disease. They wish to know how it is that this medicine operates; and when they understand that, and only then, they accept the fact of the cure as a logical conclusion doubly justified. This book of Dr. Ringer's leaves a void in our minds by not attempting to show how it is that these medicines work out all the wonderful results which are detailed at such length. Thus, bromide of potassium is said to cure almost every one of the ills that flesh is heir to. How it can cure them is not explained. And who can wonder that we rest incredulous as to the facts paraded before us until we have tried the drug upon a large number of our patients —an experiment that may result in disappointment and confirmed unbelief? This medicine has its uses, which we do not mean to gainsay; but it is not an all-healer, an *elixir vitæ*, an *aurum potabile*. This book of Dr. Ringer's would involve any man who was not versed in the theory of the action of medicines in great bewilderment. It is founded, we are told, on the German work of Buchheim; but as it comes to us in a quasi-original English shape, we have no choice but to hold its English author answerable for its mistakes of omission and commission.

On page 33 we are informed that, when charcoal is given internally, "a little finds its way into the blood and lymphatic glands." On page 76 we read that acids possess the power to check the production of acid secretions from glands, and to increase the flow of alkaline ones; while the reverse is the case with alkalies. On page 92 the statement is repeated. We should have supposed that none but the so-called homœopathists would dream of prescribing acids for over-acidity, or alkalies for deficient secretion of an acid gastric juice. It is stated, on page 113, that magnesia only acts as a purgative by being changed into a bicarbonate by carbonic acid gas in the intestines. Does Dr. Ringer doubt that the secretion of the stomach is acid, and capable of forming the magnesia into a soluble salt, lactate or hydrochlorate? He seems quite unaware that it has been proved that sulphate of magnesia and other salines will act as purges when injected into the veins of any part of the body; that when taken into the stomach they are absorbed there, and only pass out by the glands of the lower bowel after performing the circuit of the blood. As he fails to apprehend the *rationale* of the action of eliminative medicines, so is he equally unaware of what has been done by English, American, and French therapeutic writers in clearing up the action of the medicines which take effect upon the blood. His theory of the action of saline purgatives, founded upon "Buchheim's careful observations," was entertained, it is true, in the infancy of therapeutical science, but has been utterly exploded by recent and more careful inquiries. This is nothing to the utter ignoring, in Dr. Ringer's book, of the explanation which has lately been given of the action of quinia and other tonic medicines in disease. The hypothesis was put forward by Dr. Headland, many years ago, that these remedies were of use in supplying something which was wanting in the blood. It was found at that time that only a small proportion of the quinia taken as medicine was excreted from the body. It was supposed that the remainder was used in the manner of food, as a "restorative" medicine. Since that time, Bence Jones and Dupré have discovered in the healthy blood a substance analogous to quinia; and two American physicians have stated that this material is deficient in quantity in cases of ague and remittent and typhoid fever. Whatever doubt may still rest on the completeness of this chain of argument, it is at least the duty of a writer on therapeutics to take some notice of it. It seems that Dr. Ringer has no knowledge of it. Nothing is said of it in the work of Dr. Buchheim.

Our author must again be taken to task for his deficient apprehension of the theory of the action of vegetable astringents. He states that gallic acid precipitates albumen, which is not the case. Gallic acid is not an astringent externally; it becomes astringent internally by combining with the elements of glucose and forming tannic acid. The knowledge of this fact will enable us to avoid the mistakes which are sometimes made in prescribing, and which would not have been authorised by Dr. Ringer if he had taken the pains to make himself better acquainted with English works on therapeutics.

We must award our meed of praise to the industry—we have much respect for the ability—of the Professor of Materia Medica at University College; but we must warn him that, if he wishes to escape the severer criticisms of others, he should devote in future some portion of his time to a more careful study of the results of the labours of those who are older than he, in a field which he affects to regard as all but unploughed and untrodden by his predecessors.

A Treatise on Syphilis. By WALTER J. COULSON, F.R.C.S., Surgeon to the Lock Hospital, and to St. Peter's Hospital for Stone and Urinary Diseases. London: Churchill and Sons. 1869.

MR. COULSON'S book is founded, he tells us, on a course of lectures delivered by him four years ago at the Lock Hospital. If the author had published his lectures then, he would have anticipated several of the many works which have recently appeared on the subject, and his labours would have occupied and merited a much higher place than they will now obtain. Within a very recent time a good many excellent observers, tired of being bound by the doctrines of authorities, however eminent, have been examining the subject for themselves after a very careful and exhaustive method; and the consequence has been that our knowledge of syphilis has gained wonderfully in extent and precision. Theories which four years ago Mr. Coulson was fully warranted in enforcing with distinctness, and illustrating with all the clinical observation he could advance in their favour, have, in the interim, been pretty well accepted as proven. We have on previous occasions dwelt at much length on the aspects of modern syphilography; and we need not therefore go over much of what would prove old ground. If Mr. Coulson publishes a second edition, we would counsel him to discard the term "infecting chancre" altogether. It is a misnomer,—because, as he would confess, systemic infection is not the effect of the hard chancre, that form of lesion being itself only the earliest link in the chain of constitutional syphilitic phenomena, the development of which would not be averted by an excision or destruction of the chancre. He dwells, and very correctly in our opinion, on the sum total of the characters which distinguish the true syphilitic disease from first to last. With reference to induration, he remarks that a recurrence of this at the base of a chancre often takes place in the course of the disorder,—the truth of which statement we can corroborate.

In alluding to the inoculation experiments performed by Mr. James Lane, Mr. Gascoyen, and himself, at the Lock Hospital, the author shows that the form of the ulcer may be changed, while its essence remains the same.

As to the abortive treatment of soft sores by their early destruction with a strong caustic, we would remark that we are not quite so positive as some surgeons appear to be that the progress of the case is greatly expedited by the practice; at least we could not satisfy ourselves that it was. There is, however, this to be said in its favour—namely, that you diminish the risk of the occurrence of suppurating bubo, and you probably also prevent the occurrence of several complications to which the sore is liable—all of which tend, of course, to protract the period of cure.

The chapter on Malignant Syphilis is a good one. The great thing to remember in cases of this form of the malady is, to be very careful about the administration of mercury, as it almost invariably does harm. The treatment of the disease generally appears to have been judiciously laid down by the author. He is not in favour of using mercury during the primary stage; and we agree with him that it is better to hold one's hand until the general manifestations have made their appearance.

The pathology of syphilis, and of the various lesions it induces, both on the external surface and in the internal organs of the body, is fairly discussed, considering the space at the author's disposal, and the immense number of facts that have of late years been added to our knowledge on the subject.

Although Mr. Coulson has been unfortunate in the selection of the present time for the publication of his book, we think that he has written a good practical treatise notwithstanding, and that his views are, in the main, sound and true, if they cannot be termed very new.

Nouveaux Eléments d'Histoire Naturelle Médicale, comprenant des Notions Générales sur la Zoologie, la Botanique, et la Minéralogie, &c. Par D. CAUVET, Professeur agrégé à l'Ecole Supérieure de Pharmacie de Strasbourg. Tome I. & II. Avec 790 Figures intercalées dans le texte. pp. 520 and 770. London: Baillière. 1869.

WE have taken some pains in reading through a considerable portion of M. Cauvet's work, and in comparing it with those which treat of the same subject in English, and we are glad to express a very favourable opinion regarding it. Much less prolix than the great work of Pereira, it is yet much fuller than the "Essentials" of Dr. Garrod; whilst it differs from both in containing no account of the doses or pharmacopœial preparations of any of the substances of which it treats; yet it seems to us to contain precisely the knowledge that a thoroughly well-informed pharmaceutical chemist should possess, and with which every student of medicine should be familiar.

The first volume commences with a brief account of the mammalian type of structure, the various systems of organs being separately and clearly, though of course very succinctly, described; the different classes are then discussed, their distinctive features mentioned, and the animals that are either directly or indirectly used in medicine referred to. Thus under the head of Rodentia the characters of the class are given, followed by a special account of the beaver and of castoreum, illustrations being added of the animal itself, of its genito-urinary apparatus, and of the Canadian and Siberian castoreum. Birds, reptiles, fish, and the invertebrata follow, each division being treated in the same manner. We would call especial attention to the account of the entozoa, which for a work of this kind is given at great length (46 pages), and with admirable clearness of detail, the drawings being taken from the standard works of V. Beneden, Leuckart, Davaine, and others.

The Botanical section commences with a good general exposition of the structure of plants, the different organs—as the roots, stem, leaves, and flowers—being successively considered; with the functions of absorption, circulation, respiration, and multiplication to which they are respectively subservient. The woodcuts illustrating this part, as indeed those thickly distributed through the whole of the work, are really beautifully executed; and though comparatively few of them are original, having been taken from the larger treatises of Duchartre, Hofmeister, Tulasne, and others, they have been judiciously selected, and are quite new to English readers.

The second volume of the work is occupied through the greater part of its extent with the distinctive characters of the several orders, and the peculiarities and properties of the plants that have been employed in medicine. Thus, taking the Ranunculaceæ, we find, first, an account of the order, with a differential analysis of its five subdivisions of the Clematids, Anemones, Ranunculuses, Hellebores, and Pæonies. These are then considered separately,—the particular plants described being the Clematis, and the Anemone pulsatilla, Ranunculus repens, Eranthis hiemalis, Helleborus niger, H. viridis, H. fœtidus, H. orientalis, Nigella arvenis, N. damascena, Delphinium consolida, Aconitum napellus, A. cammarum, A. ferox, A. lycoctorium, A. anthora, Pæonia officinalis, Actæa spicata, and Podophyllum peltatum. Drawings are given of the flower and fruit of the Clematis; of the flower, leaf, and style of Anemone pulsatilla; of the flower of Ranunculus repens; of the plant, flowers, and stems of the Hellebores; and of the flowers of Nigella, Delphinium, and Aconitum. In each instance the chemical properties, its medicinal effects, and the principal diseases in which it has been employed, are noted. About the last 100 pages are devoted to the Mineral Kingdom; and this is the least satisfactory portion of the

work, the space being obviously too small to embrace any useful account of the several metals. Nevertheless, it contains a capital description of the main facts of crystallography, and some of the more important mineralogical specimens belonging to each metal—as oligist, limonite, siderose, pyrites, sperkise, leberkise, &c., under iron; and zigueline, chalkosine, panabase, malachite, &c., under copper. A good index completes the work.

We congratulate M. Cauvet on having executed a difficult task with great ability; and are sure that none of our readers will think the half-guinea that it costs ill spent, when they find that its perusal posts them up in all the more recent advances that have been made in the extensive domain of natural history.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

A NEW CLINICAL THERMOMETER.

A HANDY clinical thermometer has been devised by Mr. Hawksley, of Blenheim-street, late foreman to Mr. Baker, of Holborn. It is about the size of Dr. Allbutt's thermometer, and is graduated in fifths of degrees Fahr.; the degrees, however, being made much more prominent than the fractions—a useful modification. The glass of the bulb is dulled, with the intention of making it more absorbent of heat. The case is of wood, marked outside with comparative scales, by means of which the observer can at once translate degrees of Fahrenheit into Centigrade, and *vice versâ*. There is also a scale of inches and eighths of an inch. Lastly, a useful little "dodge" is the *squaring* one end of the case, so that it will not roll off a table. We have tested one of these thermometers, and found it to act very well: three minutes are sufficient for an observation.

THE ROYAL COMMISSION ON WATER-SUPPLY.

Two years and a half have elapsed since the appointment of a Royal Commission to inquire into the important sanitary question of the water-supply of the metropolis and our large towns. After many delays, the often-promised Report of the Commission has made its appearance, and now that the result of a long incubation is before us, we are more than ever at a loss to understand why, for the production of so comparatively small a mouse, so protracted a labour should have been necessary to its parental mountain.

As yet the full evidence on which the Commissioners have based the recommendations they have submitted to her Majesty is not forthcoming. Extracts from evidence are hardly safe guides whereby to estimate the extent to which the balance of testimony supports or goes against the conclusions arrived at; and for the present, therefore, we refrain from very decided criticism upon the matters involved in the Report. Stated briefly, the feature which gives the Report its greatest interest in a sanitary aspect is the opinion expressed therein in favour of the Thames and Lea as the principal sources of water-supply for the metropolis. Schemes for bringing water from mountainous districts, on the ground of its greater purity, are, on financial and other considerations, set aside. The Commissioners say:—

"The evidence before us leads to the conclusion that the Thames water has many good qualities which render it peculiarly suitable for the supply of the metropolis, and which give it, in some respects, a superiority over the soft waters usually obtained from high gathering grounds. When properly filtered, it is clear, bright, colourless, agreeable, and palatable; and the amount and nature of its saline constituents are considered by many to contribute to its general acceptability for drinking. It is well aërated, has good keeping qualities, and is unusually safe as regards action on lead and iron."

As regards the presence of organic impurities in the Thames water, the Report goes on to say:—

"The evidence we have collected on this subject presents great diversities of opinion; but there is one result which, we think, is clearly deducible from the facts before us—namely, that, in the present state of chemical science, analysis fails to discover, in properly filtered Thames water, anything positively deleterious to health. Whatever may be the difference of opinion with respect to the time required for removal of all the objectionable organic matter, all the chemists agree that in Thames water, taken from the present source, and properly filtered, all such matter has disappeared, and that the resulting compounds, such as nitrates, &c., remaining therein are innocuous and harmless. Having carefully considered all the information we have been able to collect, we see no evidence to lead us to believe that the water now supplied by the companies is not generally good and wholesome."

The notion that the germs of cholera and other diseases may be propagated through the medium of river water, is declared to be "worthy of respectful attention"—to be an interesting matter for scientific investigation, in short; but the Commissioners do not admit that the possibility of such propagation is "sufficiently well established to form any conclusive argument for abandoning an otherwise unobjectionable source of water-supply." Thoroughly satisfied themselves to adopt as their guide the old saw "What the eye does not see the heart does not grieve about," the Commissioners have done what they can to rehabilitate the Thames in its fair garments of pristine purity so rudely bespoiled through the machinations of the Registrar-General and his coadjutors. But of this, more on a future occasion.

The only other points we need notice now are that, in the opinion of the Commissioners, the constant-service system "ought to be promptly introduced to the farthest extent possible in the supply of the metropolis;" and that the control of the supply ought to be vested in "a responsible public body," in supersession of the present joint-stock companies. Both these recommendations are sound, and we hope to see them carried into effect as soon as possible.

But as to the scientific questions involved in the relation of water-supply to public health, we are bound to say, speaking with all due reserve upon imperfect data for forming an opinion, that we are by no means satisfied with the result of the Commission.

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—A most unworthy attempt has been made to suppress Mr. Pollock's letter, in the *British Medical Journal*, in reference to the election at the College of Surgeons. The Editor (whoever he may be) attempts to justify himself by saying that he "purposely kept back Mr. Pollock's letter" (p. 600), or would have kept it back, until *after the election!* The only journal that has acted with regard to any principle in the College election is THE LANCET.

I am, Sir, your obedient servant,

HENRY LEE,
Formerly President of the Metropolitan Branch
Savile-row, June 26th, 1869. of the British Medical Association.

THE PRUSSIAN STUDENTS.—It would appear that the students of the various faculties are either much oppressed or are somewhat unruly. They have protested against interference on the part of the authorities and the police, and claim the right of forming a fund for students of limited means, the right of meeting, &c. The protesting document is couched in the most energetic language.

THE LANCET.

LONDON: SATURDAY, JULY 3, 1869.

IT seems to us that the General Medical Council meets this week under more serious circumstances than on any previous occasion. Whether we regard the nature of the subjects which are to engage its attention, or the degree to which the attention of the public and of the profession is likely to be fixed upon its proceedings, we cannot but be of opinion that the efficiency of the Council for the highest purposes for which it was created is about to be tested in a more crucial way than ever before. It has registered the profession. That was not much more than a clerical duty. It has issued a Pharmacopœia for the United Kingdom, which has certainly gained the respect of all pharmacists and therapeutists, and of the profession at large. This is a great credit to the Council. But it has only now, in its second decennium, come seriously into contact with its greatest duty, that of raising to a higher standard of preliminary and practical education the men who enter the profession. Moreover, there is a most extensive feeling that, constituted as the Council at present is—virtually a conglomeration of corporations,—it is almost vain to expect any effective or speedy change in the education and examination of students.

The first meeting of the Council on Thursday amply confirms our estimate of the importance of the present session. A most important communication was read on Thursday from the Lord President of the Council, intimating clearly the opinion of the Government that if the amendment of the Medical Act is to be undertaken, it must be on the understanding that various points not included in the Amendment Bill of the Medical Council must be provided for. Among the points specified in the communication from the President of the Privy Council are the existence of numerous licensing boards, tending to lower the minimum standard of attainment and education of practitioners, and the necessity for providing in each division of the kingdom a single sufficient examination, such as will secure a higher minimum of education in those entering the profession. The Lord President suggests that this matter should be considered by the Council. It is only due to the President of the Medical Council, Dr. BURROWS, to say that in his opening address he gave most lucid expression to his opinion that the best and only remedy for the defects complained of as still existing in medical education is in the establishment of one good, complete, and efficient examination in each division of the kingdom. With such a concurrence of opinion as obtains on this point,—the Lord President of the Council, the President of the Medical Council, and the profession all agreeing,—it is inconceivable that the reform indicated, and which we have long advocated, can be delayed. His Lordship, the President of the Privy Council, moreover suggests to the Medical Council, that it would be well if it would consider at its present meeting whether in any amendment of the Medical Act it would not be desirable to consider an alteration of the constitution of the Council.

After such explicit suggestions from the Government, it is scarcely correct to think of its communications as stereotyped. Their importance was at once felt by the Council, and Dr. ANDREW WOOD will, no doubt, ere this reaches our readers, have carried the resolution of which he has given notice, to appoint a Committee to consider the communications of the Privy Council, and the answer that is to be made to them.

Other communications to a similar effect were read at this meeting,—one from a Scotch Association, and another requesting the Council to receive a deputation with the petition originating in the Birmingham meeting, and which has been signed by nearly 2000 persons.

We can only hope that the Council, in its self-complacency, will not repeat the great mistake of last year. We have always admitted the good it has done. But it is very faulty in its composition. It is comparatively powerless to do even all that it would do, and it is apparent to everyone that changes must be made in the constitution of the Council, and that the interests of the various corporations must no longer be allowed to interfere with the highest interests of the public.

THE result of the election at the College of Surgeons has in great measure fulfilled our anticipations, and we congratulate the Fellows on the choice of two of the representatives they on Thursday last selected to express their views in the Council of their College. It has now, not for the first time, been manifested that the old privileged class of Councillors, who looked upon re-election as their right and prerogative, must soon cease to exist; and though, by dint of personal canvass, Mr. SOLLY secured his return, we look upon Mr. ERICHSEN and Mr. GAY as the spontaneous choice of the main body of the Fellows. With the constantly increasing number of reformers sent to the Council chamber, it is somewhat surprising that more rapid progress within its walls is not made; but it unfortunately happens that occasionally so-called reformers before election become strait-laced constitutionalists as soon as they have taken their seats, and hence the necessity for obtaining distinct statements of opinion on the part of the several candidates, as has been done on the present occasion.

The two gentlemen who will next week take their seats as Councillors for the first time have distinctly pledged themselves to aid in carrying out four great reforms much needed within the College of Surgeons. First we put the admission of reporters to the meetings of Council, that the Fellows and Members may know exactly what passes at these meetings officially, and immediately after they have taken place, without waiting for the publication, a month or six weeks after date, of an expurgated edition of the proceedings of the Council. For this, while giving the barest narrative of the *faits accomplis*, makes no mention of the efforts at reform, which are constantly nipped in the bud, and never come to a vote, thanks to the determined efforts of the

officeholders for the time being. If the General Medical Council can without loss of dignity, or interference with its duties, allow a complete account of its proceedings to appear, it is absurd that one of the corporations whose representative sits at its board, should try to veil its deeds in feigned obscurity. Secondly, we would name the election of a representative to the General Council by the Fellows and Members who constitute the College, and not by the Council, who are only its representatives, and ought to be its servants. Thirdly comes the promise to carry out strictly the terms of the College charters, and separate the Court of Examiners from the Council. It would be a waste of time to go over again the arguments in favour of such a proposition, and the abuses to which a converse state of things gives rise. It is evident that the Fellows fully appreciate the importance of this separation by the way in which they decline to re-elect examiners into the Council, for by the recent election they have increased the number of examiners without seats in the Council to four. Lastly comes the momentous question of the right of open discussion by the Fellows of the College, in their own hall, of questions of collegiate policy. That there is nothing in the charter or bye-laws to prevent such meetings being holden, under the authority of the President, is perfectly clear, and we can only regret that Mr. QUAIN has not ere this seen fit to fulfil the pledge he gave in the matter in 1865.

The question of discussing the merits of the several candidates again came up, as will be seen by reference to our report at another page. Dr. MORRIS, of Spalding, endeavoured to elicit from the President some statement as to the way in which the retiring candidates had performed their duties; but Mr. QUAIN, fortified by the worthless opinion of the standing counsel of the College (worthless because given in answer to questions drawn with a definite object in view), declined to permit any discussion of the point. Mr. QUAIN was, however, obliged to make the important admission that Fellows are entitled to ask questions, and Mr. W. P. SWAIN, of Devonport, availed himself of the permission to ask whether any steps were being taken to bring about proxy voting for the benefit of country Fellows. We shall refer to this subject again; but we cannot forbear a word of rebuke to those Fellows who displayed such unseemly eagerness to vote that they interrupted both speakers with cries of "Vote! Vote!" Surely the establishment of the rights of a large constituency is more important than the loss of a few minutes of not very valuable time.

IN the House of Commons on the night of the 23rd ult., on the second reading of the Medical Officers' Superannuation (Ireland) Bill, Sir J. GRAY called the attention of the House to a matter which had, strictly speaking, nothing to do with the subject under consideration, but which is yet of sufficient importance to be dwelt upon at all times, in season and out of season. He said that "the Government had been grossly negligent of its duty in failing to exclude incompetent men from the medical profession;" and he supported the statement by a narrative which, although not perfectly accurate in some minor details, was yet, in all essentials, strictly and substantially true. It is strictly true that a man may obtain a medical licence "who has never put his hand upon a human pulse, has never opened an abscess, never percussed a chest, handled a broken limb, or opened a vein;" and it is further true that there are many medical examinations in Great Britain which afford no certainty to the public that the successful examinees are fitted to perform these functions. We have on more than one occasion called the attention of our readers to the fact that our Government neglects or ignores its proper office — that of protecting the persons and property of the lieges, in order to superintend party fights and to scramble for party prizes. There are no more conspicuous examples of such neglect than those furnished by matters connected with our profession. It seems like fiction to say that, in a country requiring perhaps twenty thousand doctors, and containing a population of which the vast majority must take those doctors upon trust, because wholly unable to judge of their qualifications, there is no restriction upon a competition between licensing bodies, each perhaps underbidding the others in the paucity and the laxity of its educational requirements, and some largely composed of the actual teachers of the candidates themselves. It seems still more like fiction to say that a Council of Medical Education has been formed of delegates from the very bodies whose competition it was desirable to check; and that this Council, year after year, has been talking against time, doubtless with all manner of lofty aims and good intentions, but actually only affording shelter and protection to the abuses that it was instituted to root up. And yet these are the very facts; for it cannot be supposed that individual medical reformers would have stood still, had not the existence and the fair words of the Council been insurmountable obstacles in the way of progress. We are glad to learn, however, that these obstacles are now likely to be thrust aside, and that Sir J. GRAY intends to bring the question of medical education in a direct manner before Parliament. With the Council we are losing sympathy. Hostile critics go still farther; saying that it has acted as the mere creature of the corporations, and that it has done nothing but gain time for the continuance of a system that is contrary to common sense and discreditable to civilisation. The State, by its examinations as passports to its own services, has fully recognised the melancholy fact that no purchased diploma is guarded by any sufficient tests of competency; and it is the plain duty of the State to protect the lives and limbs of the general public, as it does those of soldiers and sailors, from the chartered inefficiency of men who are said to be qualified. The corporations have had the control of medical licensing too long; and they have utterly and disgracefully betrayed the trust reposed in them. The circumstance that the Council has never exerted its power of calling the attention of the Privy Council to the shortcomings of any examining body has led some persons to suppose that the delegates of the corporations have controlled the zeal of the earnest and independent minority associated with them. However this may be, the present system of examination has had its day, and will, we trust, soon receive its death-blow; and the Council has now an opportunity of disarming hostile criticism for the future, by frankly pointing out the directions

in which its powers are deficient, and by strongly and earnestly appealing to Parliament in order that those powers may be enlarged.

There can be no more striking evidence of the good influence of medical practice upon the higher faculties of the mind than the fact that the profession, trained as Sir J. GRAY has described, is yet almost unanimous in desiring a better training for their successors. The expression of this desire by individuals will have great weight with members of Parliament; and we would urge upon our readers that they should press the following points upon their representatives, as the essentials of any good and permanent measure. First, that all medical students should receive a thoroughly good and liberal education prior to the commencement of professional training, and that they should be required to show that they had kept up the knowledge thus obtained. Secondly, that part of their professional training should be such as to afford them knowledge of the manner of conducting professional work. Thirdly, as suggested by Sir W. JENNER, that they should give satisfactory evidence of being able to recognise and treat ordinary forms of disease before being admitted to any examination in which book learning alone, or the lessons of grinders, might enable them to achieve success. Fourthly, that a one-faculty examination, independent of teachers, and controlled by the State, should be the minimum qualification of every practitioner, and the only entrance to the profession. To this, other diplomas or licences might be added, as marks of distinction, or as evidences of learning in some special department. Lastly, that the minimum standard imposed by the State should be subject to periodical revision by a Council, composed of members partly representative of the profession, and partly appointed by Government; but never representative of the very bodies upon whose actions it would be their duty to sit in judgment. An Act embodying these provisions, and subjecting persons who falsely pretended to be medical practitioners to sharp and easily recoverable penalties, would soon work incalculable good. Quacks avowing themselves to be quacks are not worth following; and, with a constantly rising standard of medical education, they would soon fade away and disappear. But false pretenders to medical character should be treated as rogues and vagabonds by reason of the false pretence: the State thus securing, as far as possible, that all qualified men should be fitted for their work, and that the ignorance of the public should be protected against the arts of the designing.

WE publish elsewhere an abstract of Dr. MAPOTHER'S paper at the meeting of the Dublin Statistical and Social Inquiry Society, and of the first and the adjourned debate to which it led. It is unnecessary to point out how completely the facts support the statements which we have lately made, and how manifest it is that money is the chief requisite for the attainment of professional status in the metropolis of the sister island. We are anxious to concentrate attention upon this particular aspect of the question, because it seems to us to be the one that is most deserving of notice. In England, the power of wealth to load one side of the social scale has for years been constantly on the increase, but it has not yet reached the higher walks of the medical profession. Persons now living can remember when great wealth, unaccompanied by birth or talent or character, was absolutely powerless as a key to the highest class of English society, and even might be said to constitute, in such cases, something like an additional disqualification. At present, great wealth places the highest society at the very feet of its possessor. It is still, however, powerless to win distinguished professional position; although indications are not wanting of a desire, even in England, to bring down the profession to the level of fashion and of the time. Against this desire we are in duty bound to protest; and we can do so in no more effectual way than by carrying the war into the camp of the enemy, and by denouncing the customary sales of appointments to which we have already referred. We hear that the medical officers of the Dublin hospitals loudly proclaim their power to "beat THE LANCET," and to continue a traffic only comparable in its results to that of those who sold doves in the courts of the Temple. It may be that they will for a time succeed. We have no power to enforce the right. We can do no more than point to it, and express our confidence that in the end it will prevail. We hear that the defence of the existing system will just now be rested upon the statement that physicians and surgeons who have "sunk money" upon appointments have a claim that this money should be restored to them by their successors. We cannot conceive an argument more futile; because the appointments, if worth buying at all, must have already repaid, or will repay, to their present holders the sums that have been given for them; and if not, as permanent reforms must usually be gradual, we can see no very great practical objection to one sale more of each appointment, with a clear understanding that such sale must be the last.

As regards the Meath Hospital, and the recent appointment thereto of Dr. MAYNE—an appointment that Dr. MAPOTHER suggests was obtained "by the distribution of money in some way," we have reason to think that the charge is without foundation. Still, as the traffic in hospital appointments is carried on without concealment, and is not thought to be wicked or dishonourable, no surprise need be felt that suspicions have been entertained and expressed. Every pure hospital in Dublin is just now of incalculable value as an example; and we therefore invite the medical staff of the Meath to join in a declaration, to which our columns will be gladly open, that they have not been paid, either directly or indirectly, for their support of Dr. MAYNE. Such a declaration would at once dispose of Dr. MAPOTHER'S statement, and would afford us a power of comparing the appointments made at a pure hospital with those made at a proprietary or mercenary one.

There is, however, another element in the question—one to which we allude with shame and regret, but which we cannot ignore. Hospitals in Dublin are not only the bought and sold property of their doctors, but they are also the appanages of rival forms of religion. In some few it is practically necessary to be a Papist, in most it is equally necessary to be a Protestant; and hence the hapless patients become the victims not only of greed but also of bigotry.

The two forces mutually aid and support each other; and exert, in combination, a power that it is difficult for strangers to Ireland to estimate. We trust that the great measure of justice now passing through Parliament will hasten the advent of the time when Papists and Protestants will remember that they both profess to be Christians; and when surgeons and physicians will remember that the gift and art of healing should be exercised with no reference to creeds, but in a spirit that, in the true sense of the word, is nothing less than catholic.

MR. TREVELYAN has succeeded in carrying the second reading of the Greenwich Hospital Bill of 1869, notwithstanding the well-meant effort of Mr. LIDDELL to refer it to a select committee. The arguments which Mr. LIDDELL employed against the measure were mainly those which have been already advocated in these pages; but, notwithstanding the support that gentleman received from Sir JOHN HAY, who has twice been a commissioner upon that hospital, the second reading was carried by a large majority.

Although we rejoice that the Bill recognises for the first time the duty of the Government to offer an asylum for the treatment of men whose health has been deteriorated by exposure in the service, and also holds out a hope that the Seamen's Hospital Society may eventually find a home at Greenwich, we feel bound to enter our protest once more against the diversion of the main building of Greenwich Hospital to any but its legitimate purpose—the care of the disabled seamen and marines of her Majesty's fleets. It is all very well to say that, theoretically, the cases requiring medical and surgical aid can be efficiently treated at Haslar and Plymouth Hospitals. The evidence taken in 1867 by Mr. DU CANE'S Committee goes dead against this conclusion, and the present Government has brought to our knowledge no facts in support of their own view. We maintain it to be impossible to treat acute cases among active seamen and chronic cases among pensioners in one and the same building and by the same staff of officers, without inflicting cruel restrictions upon the latter class, or allowing the former to elude all naval discipline. At Plymouth Hospital, which is built on the pavilion principle, it may be possible to maintain a block of the building for the exclusive use of the invalid pensioners; but at Haslar, which is a great barrack and nothing else, it will be impossible, in the opinion of all acquainted with the subject, to separate the two classes whose treatment *should* be so different.

The First Lord of the Admiralty seems inclined to emulate Lord RUSSELL'S reputation for universality of talents; or rather, having distanced the noble Earl in the nautical direction by taking command of the Channel fleet, he is now ready to try his hand in the surgical proceeding which SYDNEY SMITH has immortalised. Will Mr. CHILDERS volunteer to take the cases of old men with enlarged prostate now in Greenwich Hospital, and arrange that they shall live comfortably, without further surgical attendance, when discharged on a pension? If not, what right has he to assume that these unhappy old sailors will be better with their friends in humble life than in the wards which regal munificence founded for them? A foregone conclusion has evidently been arrived at that Greenwich Hospital was an abuse, and must be put down; and we only trust that, in the attempt at reform, very great personal hardship may not be inflicted upon those who have deserved better treatment of their country.

Medical Annotations.

"Ne quid nimis."

CLINICAL TRAINING.

EVERYONE is agreed, whatever differences exist with regard to the manner in which the student may best acquire a knowledge of his profession, that the chief modification in pass examinations which is needed is the introduction of a more certain and searching means of testing the clinical knowledge of the candidate who presents himself for a licence to practise. An important step towards this end has been taken by the Medical Teachers' Association. The Association recommends that before any student is permitted to commence the written portion of his final pass examination, he should be required to satisfy his examiners that he is practically conversant with disease. As Sir W. Jenner explained, it is desirable that a candidate should not have the least opportunity of exhibiting his book knowledge until he has proved that he knows disease clinically, and, we should add, its proper treatment; certainly those cases some of which, at least, he would be sure to meet with during the very first week of his subsequent practice. In order, however, to make such a plan work satisfactorily, it would be necessary, of course, to apply fair and proper tests of the student's knowledge; not, for instance, to require him to recognise exceptional conditions or phases of disease, which even an older practitioner might only see once, or a few times at the most, in a lifetime, but well-marked and typical instances of disease which can be always seen and examined in the wards or the out-patients' department of an hospital during a limited period of attendance. Then the failure to recognise common forms of disease should be certain rejection. A candidate who could not diagnose a well-marked mitral murmur, an enlarged liver or spleen, a syphilitic node, or tell the presence of blood in the urine, is utterly unfit to treat the sick, and should be prevented from so doing by the most stringent barriers. In fact, in his final pass examination, mere book knowledge, with which the candidate may be filled to overflowing, should help him nothing till he has shown the fruits of a regular attendance upon hospital practice. The adoption of the suggested plan would certainly put a stop to the manufacture of successful theorists, many of whom carry off medals and exhibitions wholesale, and subsequently sink into comparative insignificance amongst the mass of practical physicians and surgeons of their day. There may be difficulties in the way of training large bodies of students in the practical details of medicine, during the period of their hospital attendance, up to the standard which would be required by such a test as that which we are considering; but these, we imagine, are very likely to arise from the imperfections in the teaching machinery, and not solely in the taught. It would be necessary, perhaps, that the teacher should devote more time than he does at present to the student, and that his teaching should be more systematic. If a large practice is incompatible with this, young and less engaged men should be the teachers, or the number of the latter should be increased. It is not that the student is even now wholly in fault for his want of clinical knowledge

some blame lies at the door of the teacher; and in the better preparation of the student of the future in a more practical acquaintance with disease, the work of both student and teacher must be increased.

With regard to the examination itself, there need be no difficulty in finding a sufficient amount of proper material for testing the clinical acquirements of candidates. The University of London and a few other bodies have found it easily enough. The question will be pressed on the attention of the General Medical Council, at the instance of the Association, and we hope that it will receive the consideration it deserves in connexion with the general question of medical education which the Council has now in hand. We are quite in accord with Sir W. Jenner—whose experience as a clinical teacher is second to none—in the opinion that the adoption of a plan by which the candidate for a licence to practise would be required to give evidence of the possession of sufficient clinical knowledge, and which would entail rejection at once for any deficiency in this respect, must operate so as to take the student away more and more from his book, and bring him constantly to the wards. Once secure his attendance there, and the difficulties in making him learn, provided the teacher is earnest, are readily overcome.

THE HUNTERIAN MUSEUM.

THE theatre of the College of Surgeons, which should be used for the meeting of the Fellows with the Council, for the discussion of their affairs, was on Thursday last, according to annual custom, devoted to the exhibition of the specimens added to the museum during the past year. These beautiful preparations, which reflect the greatest credit upon Mr. Flower, and his assistant, Mr. Moseley, were as full of interest as on former occasions; and we were glad to notice some important additions to the Pathological portion of the collection, which had become somewhat dwarfed in proportion to the rest of the collection, until the present able curator took the matter in hand. Members of the Council are, as usual, the largest contributors in this department. Thus, Sir William Fergusson has presented a large fibro-cartilaginous tumour from the parotid region, and fibro-cellular tumours from the neck; Mr. Hilton has given an excellent specimen of myeloid tumour of the tibia; Mr. Cock a recurring fibroid tumour from the shoulder; Mr. Partridge specimens of fractured patella, united by ligament; and Mr. Curling a specimen of phosphorus-necrosis of the jaw. Sir Duncan Gibb has presented several specimens of disease of the larynx; and Mr. Carr Jackson a rare specimen of ulceration of the aorta, due to perforation of the œsophagus by a coin.

The Physiological series has been enriched by some beautiful dissections of the muscles of the face, neck, tongue, thigh, &c., the work, we understand, of Mr. W. Pearson, one of the *employés* in the museum. The Zoological Society has, as in former years, presented many interesting specimens accruing from their collection, among which we noticed the cæcum of a sea-lion, the heart of a walrus, forty-four preparations of the tongue, trachea, and larynx of various birds, &c. The Osteological collection has been considerably enriched by various donors, and by purchases, among the most prominent being the skeleton of an apteryx, presented by Dr. George Bennett; the skeleton of a Tasmanian dolphin, by the indefatigable College medalist, Mr. Crowther, of Hobart Town; the skeleton of a German wild boar, by the Crown Prince of Prussia; and several valuable skulls and skeletons by Sir J. Hudson. The series of crania has also been increased, and the whole collection well deserves a visit before it is dispersed among the teeming shelves of the museum, which now contains some 5250 specimens.

THE AWARD OF THE BALY MEDAL.

WITH great regret we learn that the College of Physicians has ratified the nomination by the Council to which we briefly referred last week. Professor Owen has been selected for the honour of having conferred upon him the first medal which the College has had the opportunity of bestowing for distinction in physiology. We must briefly recall the circumstances under which this biennial award was founded. Some time after the lamented death of Dr. Baly, a most liberal proposal was made to the College by Dr. Dyster, to the effect that, in veneration for the memory and worth of the deceased, who had been a personal friend of his own, he would place a capital sum of about £400 at the disposal of the College, as a fund for the biennial provision of a medal, to be called the "Baly medal," and presented to the person who should have most distinguished himself in "physiology" during the last two years more especially, and that the prize should be open to all the world. Dr. Dyster added a kind of postscript, by which he expressed his anxiety not to *exclude* such varieties of physiology (or rather biology) as the subject of *development*, and expressly mentioned Mr. Darwin's and Professor Huxley's work, in this direction, as among the most valuable contributions to science that have ever been made.

There were evidently two courses open to the Council in these circumstances. They might have adhered literally to the indication which was somewhat vaguely and generally given by the founder, and elected not merely a biologist (rather than a physiologist proper), but also the most distinguished living biologist; in which case no one who is at all acquainted with the history of biological science for the last few years, would for a moment doubt the immense superiority of the claims both of Mr. Darwin and of Professor Huxley to those of Professor Owen. The latter gentleman has brilliant and, indeed, quite unequalled merits as a *comparative anatomist*; in this respect he is decidedly the most illustrious man living. But it is notorious that his principal efforts to throw light upon questions of *development* have been, almost without exception, brilliant and showy failures. Perhaps there could be no more striking instance of the incompetence of the Council to come to a decision on a question of scientific merits than an argument which, we hear, was put forward with the utmost confidence by one of their number at the Comitia on Thursday last. This gentleman actually adduced those effete and more than half forgotten fallacies, the Owenian homologies of the human skeleton, as a special groundwork of lasting fame for their author!

There was a second alternative open to the Council, however, which we must insist was the true course for them to follow, in the interests of science. It is an empty honour, to such men as Owen, Darwin, or Huxley, to decorate them with one more medal. Within the ranks of the medical profession, both in England and still more in Germany and France, there are a set of men who are working nobly and disinterestedly to further that kind of progress in physiological science upon which must rest all our hopes of the ultimate foundation of a really philosophical system of therapeutics. Are the Council of the College of Physicians blind, that they cannot see that *these* are the men whom it is vitally important to encourage? We cannot admit the plea of the difficulty of selection as valid at all. It is vain to urge that they could not make up their minds to a choice; for it would at least have been easy to make a preliminary selection of some half a dozen men of European fame in experimental physiology, amongst whom they might well have left the final issue to be decided by ballot, secure that at last they would have found a medalist who amply de-

served the honours which the College had the power of conferring. As it is, they have wasted their opportunity, and set a most unfortunate precedent, which will be felt as a bitter discouragement by those members of the profession who are devoting themselves to original research in physiology.

THE CHILDREN IN DISTRICT SCHOOLS.

THE Rev. Mr. Edwards has written a letter to E. Carlton Tufnel, Esq., C.B., in which he complains of the observations we have made in reference to the sanitary condition of the children in Hanwell School. He says that it is unfair to bring to the same sanitary tests the children of the rural districts and the physically low-conditioned children of London and our crowded cities. But we never instituted such a comparison. We stated that, whereas 70 per cent. of the children in the school had suffered from ophthalmia, only 22 per cent. had so suffered before admission to the school. That is, a comparison between the same children living under different circumstances shows conclusively that, notwithstanding every care and attention and most costly appliances, disease is propagated with greater facility in a crowded school than it is in the houses of the poor. So also, as regards the mortality, we may admit that it would be greater in urban than in country children; but when 16·5 per 1000 is put forward as a favourable death-rate, it was our bounden duty to show that it was two and a half times greater than amongst the children of the same age throughout England and Wales. An admirable pamphlet has just been issued by Colonel Grant, R.E., on the subject of the boarding-out system employed in Scotland; and, notwithstanding the objections so commonly urged in this country, there is ample evidence that the plan is not only practically successful wherever it has been fairly tried, but that the health and education of the children are better secured by it than in district schools, and at less than half the cost incurred in these overgrown and unnatural establishments. Home is the normal school for children, and whenever it is attempted to depart from natural conditions great evils inevitably spring up. Children require much more than cramming with food and intellectual acquirements. Home influences will make a basin of bread-and-milk more savoury and nourishing than the richest meal; and the fresh air and freedom of the village green are not replaced by well-flagged playgrounds, from which the air of discipline is rarely absent. It is for such reasons that we advocate an examination of the boarding-out system, and the more so as the ratepayers of the metropolis are about to spend considerable sums in the erection and enlargement of school establishments.

THE SITE OF THE NEW LAW COURTS.

AN influential legal deputation has recently waited upon the Chancellor of the Exchequer in order to urge the adoption of the Embankment site for the new Courts of Law. Next to the lawyers themselves, no class of men has so great an interest in this question as the members of the medical profession, who, although little prone to litigation, and legally exempted from the office of juryman, are in great and frequent demand as witnesses. The deputation urged one argument in which all witnesses are interested, and which medical men should, we think, endeavour to strengthen and confirm. This argument was based upon the greater salubrity of the river-side situation. We no longer dread the terrible epidemics of which, in the middle ages, the courts of law were frequent sources; but it is undeniably true that the Carey-street site is surrounded by conditions calculated to furnish an injurious and a comparatively stagnant atmosphere, and that such an atmosphere would probably be especially deleterious to persons occupied in irksome waiting, for an uncertain time, in the passages and purlieus of a court. The river-side site, on the other hand, would have an atmosphere the best that London could afford, both as regards purity and mobility; and it would allow the tedium of waiting to be in some measure beguiled by the pleasing external surroundings of the embankment and of the stream. We have heard with much pleasure that the Medical Club has, in this matter, asserted its right to be regarded as a body representative of the profession; and that it also has sent a deputation to the Chancellor of the Exchequer, in order to represent the sanitary aspects of the case. From the observations of the Chancellor of the Exchequer, we learn that the general good of the public will be more highly regarded by the Government than the convenience of a small body of lawyers; and it is manifest that many suitors and others, who are compelled to resort to legal tribunals, suffer from states of anxiety, or excitement, or depression, such as to render the healthful character of the locality a matter of no small importance to them. The discomforts which medical men now too frequently undergo in their compelled attendance at trials are such as to enlarge our sympathies for the whole class of witnesses; for whom, in the new building, and in despite of Mr. Lowe's objections to expenditure, we trust that proper accommodation will be provided. The haggard and weary-looking men, and the feeble women, who now pace up and down Westminster Hall, or stand for hours in one of the courts, are enough to fill even a lawyer's soul with compassion. They are essential to the due administration of justice, and they are dragged away from their proper avocations with a regal disregard of their interests and their convenience. A pure atmosphere, a commodious waiting-room, and facilities for obtaining necessary refreshments, are surely not unreasonable requirements to be made in their behalf. Doctors are almost the only witnesses who can combine, and, although medical combinations have not hitherto furnished any very brilliant examples of success, we trust that the present opportunity may not be thrown away, and that the voice of the profession may be heard with due attention and respect.

JAMAICA MEDICAL NEWS.

SEVERAL interesting particulars relating to medical matters in Jamaica have reached us by the last mail. In the first place, chinchona cultivation seems to be progressing favourably. About 20,000 young plants of the C. officinalis and 10,000 of C. succirubra will be ready for sale at the Government plantations early next year. The trees grow with surprising luxuriance, as has been evinced by upwards of 1000 plants temporarily planted fourteen months ago, then a few inches high, being now from three to four feet in height. Dr. Downer, the health officer of the port of Kingston and Port Royal, has retired on a pension of £200 a year. The Jamaica Lunatic Asylum has been much improved in its management under Dr. T. Allen, but it is overcrowded, and two new ranges of buildings are to be erected. Yellow fever has now left the island. Good results have been obtained in the treatment of cases of this disease by the free exhibition of carbolic acid. The dry-earth system has been adopted with great success in several of the public institutions. The most important item of news is the appointment of a board of examiners under the Medical Act of 1859, to examine medical men wishing to practise, and who do not possess a British degree. The board consists of Dr. Steventon, Superintendent of the Public Hospital, Dr. T. Allen, Dr. Dunn (Chairman), Mr.

Scott, Dr. Fiddes (Secretary). The Public Hospital is to be the place of meeting. The examination will be conducted *viva voce*, and in writing; and, in the event of the candidate being a foreigner, and unable to give the necessary answers in English, he shall provide a non-medical interpreter, to be approved by the board. The subjects upon which the candidate may be examined will be as follows:—Anatomy, Physiology, Surgery, Medicine, Midwifery, Medical Jurisprudence, Chemistry, Materia Medica, and Pharmacy. The new Medical Bill, which the profession is looking anxiously for, has not yet been brought before the Legislative Council. What it will be is not yet known, but it is hoped that it will be of such a nature as to hold out advantages to medical men to settle in the country districts, where they are so much needed.

THE LATE MR. PROPERT.

IN the vestibule of the Royal Academy, amid a crowd of statuary, there is one bust which possesses peculiar interest to the members of our profession, not only on account of the great claim to respect which belongs to the person represented, but also from the admirable likeness of his model which the sculptor has presented. This is a bust of the late Mr. Propert, founder of the Royal Medical Benevolent College. We must congratulate the artist, Mr. Morton Edwards, upon the success which has attended his efforts to perpetuate the personal traits of one whose memory must be constantly cherished in connexion with the noble institution which arose out of his untiring efforts. Mr. Edwards is already favourably known by his busts of Messrs. Gladstone and Bright, the present Archbishop of Canterbury, Mr. Peabody, and many others. He will add to his reputation, we should think, by the faithful likeness which he has produced of one who was so widely known as the late Mr. Propert.

A TRIANGULAR SANITARY DUEL.

THE doubts and uncertainties which beset our sanitary laws are being well illustrated at the present moment by a discussion in progress at Merthyr. The parties in the debate are the local Board of Health, the Board of Guardians, and the Medical Officer of Health. Each would appear to have fallen foul of the others; and the question at issue is the incidence of certain duties imposed by the sanitary laws. We would commend this tripartite discussion to the consideration of members of the Royal Sanitary Commission. It has arisen out of a grave epidemic of fever which has prevailed throughout the winter at Dowlais, a part of the parish of Merthyr. To check the outbreak, certain sanitary and other measures were required. Some of these measures appear to fall within the duties of the Board of Health, some within the duties of the Board of Guardians. The Board of Health has built a temporary hospital, under the authority of the Sanitary Act of 1866, but doubts its powers to furnish a staff of attendants and to provide food and requisites for the patients; holding that the Board of Guardians should place the hospital in working order, and maintain it so. From this the guardians dissent, averring that the Sanitary Act of 1866 gives the Board of Health all needful power to furnish and keep in proper action the hospital. The guardians translate the Act, indeed, as it is translated by the Medical Department of the Privy Council Office, but in opposition to an opinion expressed, if we mistake not, by the authorities of the Local Act Government Office. That is to say, the local boards and the Government departments are at loggerheads each with the other concerning the meaning of a clause of an Act especially promulgated to strengthen the hands of certain local authorities in controlling epidemic disease; and while the boards and the departments are discussing the question with due gravity, the people are dying. The medical officer of health, in despair, seeing little hope from the Sanitary Act, looks for aid to the Diseases Prevention Act, and calls upon the Board of Guardians to ask the Privy Council to put this Act in operation. Certainly not, respond the guardians: for, in the first place, it is not needed, the Sanitary Act conferring all necessary power upon the local Board of Health; and, in the second place, it is not our duty, if the Diseases Prevention Act were needed, to ask the Privy Council to put it in operation. If it be anyone's duty, say they, it is the duty of the medical officer of health.

All this is very painful. Bad as Sanitary Acts of Parliament may be, and difficult to interpret, we cannot help thinking that in the present case the Board of Health and the Board of Guardians have rather been raising objections to avoid performing certain duties, than seeking for a sufficient support to govern the performance of such duties. Acts of Parliament, or any acts whatever clothed in human language, will never be so written as to prevent the possibility of ingenious doubting. Epidemics will never be properly controlled until legal duty is supplemented or overridden by that higher duty which springs from just appreciation of our moral and social responsibilities. With the expressed opinions of the Medical Department of the Privy Council Office—in a case like this virtually supreme,—the local Board of Health cannot have any difficulty in dealing with the fever in Dowlais, other than arises from an indisposition to act freely and willingly.

HOW SHALL WE DRESS HIM?

THIS is a question which has been asked a good many years, and one which, practically, devolved upon military men to answer. It appears probable that it has now been decided, and that we shall see our soldiers well and properly dressed. The British soldier has been the victim of many absurd theories, with no little injury to his health and efficiency. To dress him in a loose blouse like a "Norfolk" coat! Why the thing would have appeared monstrous in the extreme in the eyes of men like the Duke of Wellington, or in those of that fine old martinet—for he was a brave soldier of the old school,—the late Sir George Brown. Our readers must be tolerably well acquainted with our views on the subject of dressing and accoutring the soldier. We have always condemned the system of ligaturing the throat, compressing the chest with straps and a pack, pipeclaying the belts, and fitting the feet to the boots instead of *vice versâ*; and we have lived to see the day when all these things are, or soon will be, remnants of a past age. The high, tight-fitting stock has been sacrificed, pipeclay has nearly become a term of reproach, the new knapsack will replace the old and very objectionable one, the boots are as good and of as many sizes as can be reasonably expected, flannel has been in a great measure substituted for cotton shirts, and the tight-fitting tunic, which transformed what ought to have been the supple form of a young soldier into something resembling a wooden one, is now to give way to a loose blouse, which will allow of perfect freedom of respiration and muscular action. The great coat is to be made of lighter texture, and to have an addition in the way of a waterproof cape. The only thing which remains to baffle the efforts of our military reformers is the red tape. We congratulate the authorities on their perception of what are the requirements of a soldier. It has been so long the fashion with military people in this country to fall down and worship the old German type as the correct model of what the soldier ought to be, that they apparently shut

their eyes to the facts that they were daily encountering. The blacksmith, and every other man engaged in strong muscular exertion, when left to his own guidance, always removes all impediments to the action of the muscles of the neck and chest. If the Snider rifle is to be used, and the quick marches, running drill, and working at entrenchments are to become, as they have become, ordinary military exercises, the soldier will require more than ever that his physical powers should be taxed as little as possible by the restraints of a tight dress or by weight he has to bear; and for the first time in his life he will, we think, possess a dress and accoutrements answering these requirements.

THE BIRMINGHAM PETITION AND THE MEDICAL COUNCIL.

NEARLY two thousand practitioners of every grade in the profession have signed this petition. The names come from every part of the United Kingdom, and represent men in consulting and general practice. The petition is opportune, and will surely have some consideration at the hands of the Medical Council now sitting. It is not every subject that could so thoroughly command the agreement of the medical profession. But the profession is agreed in thinking the Medical Act of 1858 very ineffective for the purposes for which it was framed,—for preventing fraudulent representations to the public concerning medical qualifications, for securing the better and more practical education of those entering the profession, and for testing the quality of the education that is given. This petition represents the professional feeling of the kingdom, and cannot be ignored. The Council is to receive a deputation next Wednesday, charged with this petition.

"A CARD."

THE following announcements, which are printed on the obverse and reverse of a card that is given by a servant to the persons who call at the place of business of the practitioners interested, deserve, we think, to receive still wider publicity, which we are happy to afford by giving insertion to them here. We would suggest, also, that a procession of "board men" in the adjoining thoroughfares would be an admirable, and about an equally unobjectionable, manner of communicating the same intelligence to the sufferers whom it may concern. We much regret Mr. Startin's illness, and we rejoice at his improvement; but we think it is greatly to be deplored that so bad an example should be set to younger men.

"Mr. Startin returns his best thanks for the numerous kind inquiries during his protracted illness, and will be at home on Mondays, Wednesdays, and Fridays on and after June 21st, from 11 until 3 o'clock.

"3, Savile-row, Burlington-gardens, W."

"Mr. Nayler, Mr. Startin's assistant, one of the surgeons to the Hospital for Diseases of the Skin, attends daily from 10.30 until 2 o'clock."

AGRICULTURAL LABOURERS.

THE discussion on the state of the agricultural labourers, initiated in a very able speech by Mr. Fawcett, was one of the most creditable debates of this session. Everybody who has read either the report of the Commissioners on this subject or this debate must admit that a perfect case is made out for applying to children in the agricultural districts the same beneficent principles of legislation as have been applied with such good effect to limit the work and secure the education of children in the manufacturing districts. No power on earth but education will produce that desirable dissatisfaction with his lot which is an indispensable condition of any improvement in the circumstances of the agricultural labourer, who, on 9s. a week, gives himself up to mere drudgery. The only hope of a better state of things is in the education of the children in these districts. It is amazing that they have been left alone so long. The late Government extended the Factory Acts to every branch of industry, but agriculture, although the condition of our agricultural labourers is highly discreditable to us. It seems allowed on all hands that a little education improves the character of the work done, and the admixture of a little work improves education. The great difficulty is in the poverty of the labourer; but this poverty and his apathy only make his case a more urgent one for the consideration promised, on behalf of the Government, by Mr. Bruce. Mr. Fawcett went one winter's night to the cottage of an agricultural labourer at half-past 6 o'clock. The labourer told him he was going to bed, and added: "There is no use in my staying up; I should only be burning fire and candle." The existence of a large population in this state is a great disgrace to us. We wish it were entirely confined to the southern counties of England. We rejoice that the southern counties of Scotland at least and Northumberland show the policy and the possibility of treating agricultural labourers with the consideration due to all human beings. But a very well written and readable book, entitled "Peasant Life in the North," shows that even in the North of Scotland many people are living in houses with no chimneys, and out of which the smoke escapes by a gap in the roof; in which personal cleanliness is impossible; with very scanty allowance of animal food; with an early indoctrination into the "decrees of God," but in ignorance of the first laws of health, and in domestic conditions that are inconsistent with the keeping of the commandments.

WATER-SUPPLY AT GUILDFORD.

A REPORT on the water-supply of Guildford has been presented to the Local Board. It is drawn up by Mr. Macdougall Smith, who, after alluding to the unsatisfactory source from which the supply is now drawn, recommends one of two plans for adoption. The first plan embraces the sinking of a well, and then boring to the lower greensand at a point near Stratford toll-bar. Here there would be no possibility of contamination, as the strata dip towards Guildford, and, by the erection of sufficient pumps, an unlimited supply may be obtained. The estimated cost is £5500. The other plan is to line the present well with water-tight cylinders, and bore to the greensand. In this case the supply will be limited, unless more machinery be erected, which would augment the cost. This proposal would cost £1700. We regret to observe that the Local Board has postponed the consideration of these proposals for a month; and that a medical man is to be found disputing the impurity of the present source, and helping to throw difficulties in the way of a more satisfactory supply. The town has already suffered severely for its apathy, and nothing can compensate the inhabitants for the loss occasioned by delay. The completion of Mr. Macdougall Smith's plans, which need not occupy many months, would restore the prestige of the town; and we hope the Local Board will not be so shortsighted as to postpone the question to a future date.

BEARDS IN THE NAVY.

WE are happy to see that the force of example, in the person of Mr. Childers, the First Lord of the Admiralty, has prevailed over the prejudices of admirals who stick as firmly to their razors as their fathers did to their pigtails. By a circular just issued, the Lords of the Admiralty direct —1. That officers and men on board her Majesty's ships, including the Royal Marines when embarked, will in future

be permitted to wear beards and moustaches. 2. In all cases, when the permission granted in Clause 1 is taken advantage of, the use of the razor must be entirely discontinued. Moustaches are not to be worn without the beard, nor is the beard to be worn without the moustaches. 3. The hair of beard, moustaches, and whiskers, is to be kept well cut and trimmed, and not too long for cleanliness. 4. Royal Marines on shore will follow the regulations of the army with regard to beard and moustaches.

We congratulate the Admiralty and their sailors on this concession to the representations of the medical officers of the Fleet; and we feel sure that an improved state of health will be manifested among the crews when they have availed themselves of the covering Nature provides for them. The regulation inculcating "the whole hog or none" appears to us reasonable, for any "fancy rigs" as regards beard and moustache would be out of place on board ship. For a few weeks, no doubt, the crews of our ships will necessarily present a somewhat untidy appearance, but time will certainly set this right. One immediate advantage which the junior members of the profession will enjoy from the new order is, that unsuccessful candidates for the Army Medical Service will be able to fall back upon the sister service without losing those hirsute adornments which have received so much attention, and which have hitherto been ruthlessly condemned by the authorities of Somerset House.

BUCKINGHAM PALACE BARRACK ROOM.

WE have in vain endeavoured to discover the medical authority who reported to Mr. Layard that the soldiers in the Buckingham Palace barrack room are sufficiently supplied with air. The room is at present occupied by a detachment of Scotch Fusiliers, and we are informed that it has been represented to the commanding officer that, if it be still considered necessary to occupy the barrack, it will be advisable to change the detachment every two or three weeks. It is evident that at least one medical officer of experience remains unsatisfied with the arrangements; and we cannot hesitate to believe that his opinion would be endorsed by the Sanitary Department of the Army, if their opinion could be had. We feel perfectly justified in calling upon Mr. Layard to lay the report he has quoted upon the table of the House.

SALARIES IN BETHNAL-GREEN.

THE Poor-law Board have written to the guardians of Bethnal-green, requesting to know why the application of Dr. Welch for an increase of salary has not been entertained. The guardians answer that they are anticipating the introduction of dispensaries, and that the subject has been postponed on that account. This affords another proof that nothing but the inaction of the Poor-law Board prevents the introduction of these very necessary institutions, and that the delay is causing injustice in particular cases, where, as in Bethnal-green, the duties of the medical officer have been enormously increased without any corresponding addition to his salary.

ARMY MEDICAL SERVICE.

OUR attention has been directed to the state of promotion amongst assistant-surgeons in the Army Medical Department. There have been, we are informed, during the last eighteen months 23 promotions—namely, 21 in 1868, and 2 in the half year just completed. There are on full-pay 720 assistant-surgeons and of these, 250 have completed more than ten years' service. The average number of promotions during the last ten years has been 22 per annum; and casualties among assistant-surgeons are just 4 per cent. per annum. Accordingly, the 250th man, who entered in June, 1859, will be promoted about the year 1879, and the 720th man in about 1889,—in each case after about twenty years' service. It is almost inevitable that a senior assistant-surgeon will, if he has reconciled himself to a prospect of twenty years' service in a subordinate position, be careless and apathetic, and devoid of ambition; and, if he has not done so, he will be bitterly discontented with his position and prospects. And neither class is the type of medical officer that it is for the interest of the army to cultivate.

There is another matter which has formed the subject of some communications to our contemporary the *Broad Arrow*—viz., the Netley appointments. It is represented that, although these are nominally held for five years, a system of renewal threatens to convert them into permanent posts. The ability or fitness for tuition of the present occupants is not in any way questioned; but it is thought that these posts should be thrown open to the whole department, according to the original intention of the authorities, and it is contended that the Netley School, after an existence of six years, must have produced some men capable of replacing the present assistant-professors. After what we have said regarding the medical staff appointments in the navy, we need not add that there appears to us a good deal of force in these remarks; and we are, therefore, not sorry to learn that there is no intention of making the appointments permanent. Whatever might have been the reasons that led the authorities to renew the period in favour of the present assistant-professors, they were, we are told, of an exceptional character, and the posts will be thrown open at the expiration of their tenure of office.

F. R. C. S.

WE once received a circular of invitation to witness the half-yearly distribution of prizes at a country boarding school, and were surprised to gather from it, not only that the locality abounded in physicians, but that these physicians were interested either in the general work of education or in the prosperity of the particular establishment. The letters F.R.C.P., or at least M.R.C.P., were appended to the name of almost every gentleman who was announced to take any part in the proceedings. We learned in due time that these letters referred to the "*College of Preceptors*" instead of to the venerable institution now seated in Pall-mall, and could not but think that their employment might give a hint for a new picture of "Dignity and Impudence." Her Majesty, we learn, has been pleased to allow the Colonial Society to be distinguished by the title of "Royal"; and the Fellows propose for the future to place the letters F.R.C.S. after their names. It is too bad that the privileges of the College of Surgeons should be thus invaded; and it seems to be the plain duty of the Council to make such representations in the proper quarter that the infant Colonial Society may adopt distinctive initials in place of those which are already appropriated to the Fellows of an ancient corporation.

WHERE ARE THE INSPECTORS OF THE POOR-LAW BOARD?

WE learn from the report of an inquest on the body of a man who committed suicide in the Tavistock Workhouse, that "a decrepit pauper, seventy-three years of age, had the more immediate care of ten patients, of whom six were quite helpless; that no provision was made for administering medicines or giving aid in the night to such of them as needed it; that the infirmary was not lighted at night; and

that the last patient who died there had no light nor anyone to sit up with him the night before his death." The *Western Morning News* judiciously suggests that "an inquest on an infirmary patient every few months would possibly, in many workhouses, be the means of saving those most pitiable of creatures, the sick paupers, from much preventable suffering." A good instance of the value of this suggestion was furnished some years ago at Nottingham. The old workhouse was utterly unfit for human habitation; and the coroner, who was by some means able to obtain information of every death that occurred there, held an inquest *on every single case* until public attention was thoroughly directed to the abominations of the place, and the erection of a new workhouse was insisted upon by the general voice of the ratepayers. Again we ask, Where are the Inspectors of the Poor-law Board?—and why cannot they prevent such scandals?

THE CONTAGIOUS DISEASES ACT.

THE Committee of the House of Commons appointed to consider the operations and results of the Contagious Diseases Act, 1866, have been sitting during the past week. Various witnesses have been examined, among others Dr. Leonard, Inspector of Certified Hospitals, and the visiting surgeons for Aldershot, Colchester, Plymouth, Portsmouth, and Sheerness. These gentlemen have been unanimous in their opinion as to the amount of good already effected by the present Act, and have given evidence in proof of the great diminution of disease, especially of constitutional syphilis, among the women, as well as of the great improvement which has taken place in their general behaviour and appearance. The object of the Committee seems rather to be limited in the present session to effect such amendments in the Act of 1866 as have been found necessary by experience, and to extend its area so as to embrace those places where it is known that the health of men in the public services is most affected by venereal disease. The more extended experience thus gained will give the Legislature and the public means of still further judging of the benefits of preventive legislation, and the necessity of extending the Act eventually to the civil population will become daily more impressed on the minds of those hitherto opposed to such a measure.

We believe that some improvements are contemplated in the Merchant Shipping Act, and trust that when these are under consideration the inspection of merchant seamen before shipment will be made compulsory, as is now the case with men volunteering for the Royal Navy or Royal Naval Reserve.

THE C.M. DURHAM.

THE degree of C.M. of the University of Durham has received a severe shock to its reputation at the hands of the Medical Board of the Infirmary of Newcastle. At the recent meeting of governors to revise the rules, the question arose whether this surgical degree of the local University—with which University, by the way, nearly all the Medical Board of the Infirmary are connected as teachers in the Newcastle School of Medicine—should be recognised as a sufficient surgical qualification for the office of junior house-surgeon. Some thought the graduate in Surgery of the University should be eligible; others thought the office should be open only to members of a College of Surgeons. The Medical Board sided with the party taking the latter view. The examination for the C.M. must be poor indeed if it is less satisfactory than that of the Colleges of Surgeons; and if it will not qualify for a junior house-surgeoncy, it had better be removed from the category of qualifications. If the teachers of the Medical School of Newcastle do not believe in it, who else can be expected to do so? And why should they offer it to students? What is the use of it?

THE GLASGOW ROYAL INFIRMARY.

THE resignation of Dr. Leischman has occasioned a vacancy in the post of physician in this institution. Among the candidates for the post are, Dr. M'Call Anderson, Dr. Scott Orr, and Dr. P. A. Simpson. The two last-named gentlemen are, we believe, in general practice, and if so, this will be a serious disqualification. Dr. M'Call Anderson is the Professor of Medicine in Anderson's University, the students of which attend the practice of the Glasgow Royal Infirmary; and there is a feeling, in which we concur, that under these special circumstances it is desirable that the Professor of Medicine in the former institution should have an opportunity of applying for the student at the bedside the knowledge he affords in the lecture. It is unnecessary to speak of Dr. Anderson's special claims for the vacant post.

THE MEDICAL COUNCIL OF ONTARIO.

IT will be in the recollection of our readers that a statement appeared in our columns a short time ago, to the effect that a certain clause had been introduced into the new Medical Act of Canada, favourable to the representation in the Medical Council of homœopathic and eclectic practitioners. It seems that whilst the Bill was passing through the House, Dr. Grant, the President of the Medical Council of Ontario, and a member of the Legislature, allowed the objectionable clauses to pass unopposed. At an election held on June 8th, Dr. Mostyn, of Almonte, was elected in place of Dr. Grant, the electors being registered practitioners, who have thus testified their disapprobation of Dr. Grant's conduct. That gentleman now sits in the Council as the representative of a small Catholic College, which is styled the University of Ottawa, and has no medical faculty. Dr. Mostyn is pledged to secure a repeal of the objectionable Act.

THE CHOLERA AT THE GAMBIA.

ACCORDING to the latest intelligence from the Gambia, it appears that cholera was fatal to eighteen individuals out of the detachment of the 1st West India Regiment stationed there. The epidemic, now happily on the decline, has been terribly fatal—at least to the coloured population, for, we believe, no European has been attacked,—upwards of 1000 persons having perished by it in Bathurst alone, the deaths being from 70 to 80 per diem at the end of May last.

HOSPITAL FOR INCURABLES.

A LADY, aged sixty, Miss Hoare, daughter of a naval officer, and lately an inmate of the above hospital, brought an action for an alleged libel upon her, contained in a resolution dismissing her from the hospital. She alleged that she could never learn the reason for her being dismissed. The defence was, that she was rather addicted to bringing actions, and that the resolution of dismissal arose from her non-observance of the rules. The jury found a verdict for the defendants. Statements were made during the trial as to the sale of votes during elections to this charity, which the judge expressed himself surprised to hear. The managers denied all knowledge of this, but should narrowly inquire into the facts.

THE WESTMINSTER HOSPITAL.

MR. CHARLES BROOKE, F.R.S., having attained the age at which the laws of the Westminster Hospital superannuate the physicians and surgeons, has retired from

active duties, but will doubtless, in recognition of his services, receive the honorary post of consulting surgeon to the hospital. Mr. Hillman will probably succeed to the vacancy, after having been assistant-surgeon for more than fifteen years, and there are already two or three candidates for the vacant assistant-surgeoncy.

When the great pile now erecting on the opposite side of the river comes into working order, it may be questioned whether the medical officers of the Westminster Hospital will not find their "occupation gone;" for the large and new pavilions of St. Thomas's are sure to influence the inflow of patients. Under these circumstances, it might be to the interest of both institutions to attempt some plan of amalgamation which might secure the funds and the active members of the staff of Westminster Hospital some field for the exercise of their benevolent influences.

PROFESSOR SYME AND THE CHAIR OF CLINICAL SURGERY.

WE understand that Mr. Syme intends to resign the chair of Clinical Surgery. We are glad to know that, notwithstanding this intention, Professor Syme is so much improved in health that he has resumed practice. Touching the chair of Clinical Surgery vacated by Professor Syme, there is one surgeon in Scotland conspicuously worthy to fill it; we need scarcely say that we refer to Professor Lister of Glasgow, whose researches in pathology are not more important in a practical than in a physiological point of view.

EXTRA DUTIES OF WORKHOUSE MEDICAL OFFICERS.

WE sincerely congratulate the medical officers of workhouses on a letter just issued by the Poor-law Board. The odious order compelling workhouse medical officers to report periodically to the Poor-law Board on the state of their workhouses is rescinded; and in future they will only have to make two special reports in each year to their own boards of guardians. All workhouse surgeons will be unfeignedly grateful to Mr. Goschen for this relief.

ROYAL SANITARY COMMISSION.

ON the representation of Sir Thomas Watson it has, we understand, been arranged by the Commission, as the Medical Council will have drawn together in London so large a number of the leading members of the profession, to meet, as far as possible, the wishes of any of them who may desire to take the opportunity of expressing their views upon the questions before the Commission.

AT the Quarterly Court of Governors of Addenbrooke's Hospital, Cambridge, held on Monday last, a letter was read from Dr. Bond, Regius Professor of Physic in the University, resigning the office of physician to the hospital. He was unanimously appointed consulting physician; and Monday, July 26th, was fixed as the day for the election of a physician in his place. Mr. Bradbury, who obtained a foundation scholarship at Downing College, and was in the first class of the Natural Sciences Tripos in 1864, has announced himself as a candidate.

WE are glad to observe that the *Morning Herald*, in its issue for the 28th of June, has warmly espoused the cause of the Irish medical officers, and the proposal to afford them retiring pensions. Our contemporary speaks of the public services of the Irish doctors in terms of high and generous appreciation, and its advocacy merits the thanks of the profession.

DR. THOMPSON DICKSON, medical superintendent of St. Luke's Hospital, is delivering a course of lectures on Psychological Medicine at Guy's Hospital. The students of Guy's are also, for the time, allowed to study mental disease clinically at St. Luke's. The arrangement, as yet only temporary, will probably become permanent if the present effort be, as we hope, successful.

AT a recent meeting of the governors of the West Sussex Infirmary, a special vote of thanks was passed to the late house-surgeon, Mr. F. St. Quintin Bond, for the able manner in which he has discharged the duties of house-surgeon and secretary, during eleven years.

THE deaths registered in London last week amounted to 1381, or 116 in excess of the corrected average, and 145 more than in the previous week.

AT the quarterly meeting of the directors of the Medical Benevolent Society, established in Birmingham, held at Mr. V. W. Blake's residence, 6, Old-square, on Wednesday evening, June 30th, grants amounting to £60 were made,—three to widows of medical gentlemen, and one to a single lady, the daughter of a deceased member, each left without adequate means of support.

WE are given to understand that the Report of the Naval Hospital Commission will shortly be published. The delay in its appearance is, however, to us unaccountable.

SEVERAL cases of yellow fever have been reported lately at Honduras, nearly all of which proved fatal.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1869.

ROYAL COLLEGE OF PHYSICIANS.

THURSDAY, JULY 1ST, 1869.

THE annual session of the Medical Council was commenced on Thursday last at the College of Physicians, under the presidency of Dr. Burrows. The Council assembled at two o'clock. The following is a list of the members, most of whom were present when the roll was called:—Dr. J. R. Bennett, Mr. Cæsar Hawkins, Mr. George Cooper, Dr. Acland, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Dr. Macrobin, Dr. Thomson, Dr. Aquilla Smith, Mr. William Hargrave, Dr. Leet, Dr. Apjohn, Sir Dominic Corrigan, Bart., Dr. Sharpey, Dr. E. Parkes, Dr. Quain, Dr. Rumsey, Dr. Christison, and Dr. Stokes.

The first business of the Council was to receive Dr. Macrobin, who has been appointed by Her Majesty in Council to represent the Universities of Edinburgh and Aberdeen at the Medical Council, in the room of Professor Syme.

PRESIDENT'S ADDRESS.

GENTLEMEN,—I shall venture to trespass upon you for a few minutes before we proceed to the public business of the session. The interval between our two sessions has been somewhat longer than usual, because no pressing public business has compelled me to summon you hither at a season when I know it would have been particularly inconvenient to many of you to leave the seats of your public and private duties. Now if the recess has been somewhat longer than usual, it certainly has by no means been a period of

inactivity and leisure to the majority of the members of this Council. It is in the remembrance of you all that at our last meeting, we appointed two very important and numerous committees—the Committee upon Medical Education, and the Committee upon State Medicine, and these committees have continued their labours throughout the interval. These committees comprise no less than fourteen members of our body, and of the labours of these committees, I can speak officially,—not that I have joined in their labours, or am taking credit for any part of them, but I have been officially cognisant of their labours,—these labours have been excessive, and continued throughout the recess up to the very hour of our assembling in this hall. These committees have collected a vast amount of information to elucidate the subjects they were appointed to inquire into. The materials, being collected from various sources, were no doubt of very unequal value—very heterogeneous, we may say,—and perhaps in some points they are actually discordant, so that it must unquestionably require great discrimination and labour to winnow the produce, to separate the grain from the chaff, and to draw up reports which will form the basis for future action. Let us hope that the gain which is to be realised by the reports of these committees may be in some degree commensurate with the great—and I ought to add gratuitous—labours of the members of these committees, and likewise, I would say, with the probable heavy expense which will be entailed upon this Council in collecting the materials, and also embodying the information contained in printed reports. Gentlemen, among the duties delegated last year to the Executive Committee, was the responsible one of communicating with the Government upon the amendment of the Medical Act of 1858. When this question was brought before the Executive Committee, I thought it right to press upon their attention the views that I expressed to this Council at the opening of the last session. I am not going to detain you with a vain repetition of those remarks, but the gist of them was to this effect,—that it was more within the province of the President of the Privy Council than of the Home Secretary, to undertake the required legislation to amend the Medical Acts, inasmuch as the Privy Council and the Medical Council have been associated together by the Legislature in the working of the Act of 1858; and, moreover, that it appeared to me that there was a greater probability of successfully initiating medical legislation in the House of Lords than in the House of Commons. The Executive Committee adopted my suggestions, and appointed a deputation of their body to wait upon the President of the Privy Council. That deputation consisted of your Treasurer, Dr. Sharpey, Mr. Cæsar Hawkins, the Registrar, and myself. Our deputation was received by Lord Grey and Mr. Forster, the President and the Vice-President of the Committee of Education of the Privy Council, and these Ministers were attended by the Clerk of the Council, Mr. Arthur Helps, and the medical officer of the Council, Mr. Simon. As your President, I had then an opportunity of bringing before the Government the reasons why we applied to the President of the Privy Council for his assistance in Parliament, and of pointing out the increasing and urgent necessity there was for some amendment of the Medical Acts. My report of the result of the deputation unfortunately is very similar to that which I have had to make upon former occasions; in fact, the account of it might almost be stereotyped: "Courteous reception, attentive, and apparently willing, listening to a rather long statement of many arguments, and this ending by the expression of profound regret that the pressure of public business would not allow of medical legislation in the present session." After some little further pressure on my part on the President of the Privy Council, I subsequently received a letter, a very important one, from the medical officer of the Privy Council, written by direction of the Lord President, announcing the intention of the Government to go, during next session of Parliament, more deeply into the question of medical legislation than the mere amendment of the Medical Act of 1858, as had been suggested by this Council. This letter will almost immediately be laid before you, and you will find in it suggestions which will require careful and, I fear, very prolonged consideration on your part. On Monday next you will be called on to exercise one of the most delicate and responsible functions which have been entrusted to you by the Legislature; you will have to decide whether an individual whose name is upon the Medical Register has been guilty of infamous conduct in any professional respect, so as to deserve the erasure of his name from the Register. This function, gentlemen, must always be exercised with the greatest prudence, and only under the advantage of sound legal advice. The Legislature has not thought proper to trust us with power to arrest the practice of notorious quacks and medical impostors, but it behoves this Council to exert its powers, and to purge the Register of the names of the persons whose conduct is more in accordance with the proceedings of quacks, and vendors of nostrums, than of educated professional gentlemen. Should the facts of this case to be laid before you not warrant the extreme sentence of expunging the medical practitioner's name from the Register, I feel sure the discussion on the merits of the case will have a beneficial influence in a moral point of view, and will assure the members of the profession at large that this Council does not timidly shrink from the performance of a painful and sometimes invidious duty. No public body in this country is or ought to be exempt from criticism, either by the press or other modes of expressing opinion, and the Medical Council cannot expect to be an exception to the general rule. Those who only have an imperfect knowledge of the state of medical education, and the examinations carried on at the boards of numerous licensing bodies when this Council first commenced its labours, can form no just estimate of the beneficial influence exercised by this Council upon medical education, both preliminary and professional, and upon examinations throughout the United Kingdom. It would be invidious and unbecoming on my part to advert to the improvements in any particular institution; but there must be few, I think, who would not candidly admit the value of suggestions made to them by visitors from the Council upon the modes of conducting examinations. The fruits springing from the good seed sown can hardly yet be appreciated, and cannot arrive at maturity until a new generation of practitioners has succeeded those who have gradually faded away. Because young men are still found to be imperfectly educated when put to the test of a searching examination, and particularly those examinations which are instituted for admission to the public services, it has been inferred that this Council have not done their duty, and have not brought the standard of education up to that point which we all should desire to see it attain. Those who arrive at such a hasty conclusion can know very little of the practical working of medical schools and other places of education. A system of education may be good, the teachers may be zealous and efficient, and highly informed, but regard must always be had to the materials that they have to work upon. Young men are now what they always have been, and what they probably ever will be. It matters not whether it be a public school, a university, or a medical college, a large number of those who are entered as pupils will not be students in the proper sense of the word. Some, no doubt, are below the average standard of intellect, some are indolent, some are devoted to athletic sports, although not wanting in ability, and of these several classes many must necessarily fail in examination; and those of such classes who are so fortunate as to pass will probably have gone through the ordeal of what is termed "cramming" in one place, and "coaching" in another. No doubt these evils are greatly to be deplored, but can they be overcome? Possibly they may be lessened. The Medical Council or any other public body authorised to issue regulations for educational examinations, have no special power to make all young men industrious and zealous in the acquisition of knowledge; and in my opinion all regulations and plans of education and defined modes of teaching will, if unaccompanied by other measures, always fail in making young men well informed in their profession. The most successful methods of accomplishing this desirable object, in my opinion, would be by the establishment of a good examining board, a conjoint examining board in each division of the United Kingdom (hear, hear), and by instituting examinations of such a nature as shall unquestionably ascertain the required amount of knowledge of each candidate for a licence to practise the medical profession. Although rules and regulations, and curricula of study, may be properly laid down for the information and guidance of those who propose to offer themselves for examination, it will be, in my opinion, the examination, and that alone, which will

establish the standard of knowledge among the candidates. According to the well-established law in free, civilised, and commercial countries, supply will always bear a direct relation to demand, and this law I believe will be found to apply to the conditions of medical education. If examinations are complete, efficient, and well-conducted, those who are desirous of passing them successfully will resort for instruction to those sources where they can most certainly obtain the thing that they are in need of. On the other hand, those who are anxious to collect about them a body of students must necessarily make such arrangements, and afford such instruction, as will enable industrious students to obtain the wished-for knowledge which is to enable them to pass a successful examination. I feel assured, then, it will not be by a fixed curriculum of study, with precise and defined methods of teaching particular branches of science that the standard of knowledge among medical students will be eventually improved. Much liberty, I think, may and ought to be allowed in methods of teaching, and still more in methods of learning, and also in the details of the curriculum of study. I would say, only once establish a uniform good examination in each division of the United Kingdom for all medical students, and the standard of knowledge among them will soon correspond to the requirements of the examining board. From an experience, gentlemen, of ten years, as a member of this Council, and acknowledging, as I have frequently and publicly, the great improvements effected through our regulations and suggestions, I have nevertheless arrived at the conviction that even if this Council were armed with more extensive and arbitrary powers, it would be impossible to accomplish all those improvements in preliminary and professional education and examinations at the various licensing boards which are required to ensure the qualification of all those admitted to practise the medical profession. The most simple and the most certain method, I think, of effecting this great object will be the establishment of one conjoint or public examining board for each division of the kingdom. I had determined on giving expression to these sentiments before I had the opportunity of perusing the draft Report of the Committee on Medical Education, and I am rejoiced to find that I have arrived, independently, at a conclusion similar to that embodied in the document above referred to. The observations in that draft report are very much to this effect, that the time has now arrived when, giving universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should insist upon a conjoint examining board for each division of the kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined upon all subjects of professional education. I certainly do think, and thinking it I feel bound to express my thoughts, that by this method a licence or diploma would be granted which would guarantee to the public (and we have to think of that) that every registered practitioner was properly qualified in every branch of medical knowledge. Gentlemen, if you refer to the printed programme which is before you, the programme for the business to be transacted at this meeting of the Council, you will find the list of agenda a very long one, and embracing very large and comprehensive subjects, which will require much deliberation, and will no doubt give rise to much discussion. As this seems inevitable, I would suggest in the interest of the whole Council, both of the members individually, and also of our body I may say financially, that we should have a tacit but well-understood agreement that each member, in addressing the Council, should honourably endeavour to condense his observations and his arguments as far as possible, and refrain from those digressions and illustrations which, however amusing, and, I admit, adding very much to rhetorical effect, have very little influence upon the judgment and decision of the "grave and reverend seigneurs" who sit around this table. Gentlemen, I hope that these remarks may not be regarded in any sense as personal. I offer them to you as a parting legacy to a friend. They are made solely as an *amicus curiæ*, with a desire to facilitate the transaction of the business of the Council, and also, if possible, with a desire of enhancing the reputation and authority of this Council with the profession and with the public out of doors.

Sir D. CORRIGAN called attention to the position of the President of the Council, expressing an opinion that Dr. Barrows was re-elected at the last session for one year only.

This gave rise to an animated discussion, in the course of which Mr. Cæsar Hawkins, Dr. Andrew Wood, and Dr. Aquilla Smith confirmed the view taken by the President that he was elected without any restriction as to time. This view being taken by the Council generally, the subject dropped, the President observing that he was still, as he was last year, desirous that the Council should look out for a successor.

An important communication was laid before the Council from the Government with regard to the amendment of the Medical Acts. Its general purport was referred to by the President in his opening address. We shall give it at length in our next number.

Dr. ANDREW WOOD gave notice that he should, at the next sitting, move the appointment of a committee to take into consideration, and report upon, the communication of the Government.

Several other communications on the subject of the Medical Act, from associations and private individuals, were read and laid on the table. One of these was from Dr. Bell Fletcher, requesting the Council to receive a deputation for the presentation of a memorial, signed by 2000 persons, respecting the representation of the profession in the Council. The request was complied with, and Wednesday next, at three o'clock, was the time appointed for receiving the deputation.

Certain recommendations of the Executive Committee, made with a view of diminishing the printing expenses of the Council, were adopted.

The subject of Preliminary Examination occupied the remainder of the sitting of the Council. Reports on the subject were received from the Branch Councils. The Scotch and Irish branches expressed an opinion that it would be expedient that special boards should be appointed to conduct the preliminary examinations of medical students. The English branch, however, was of opinion that the establishment of such boards was undesirable. These conflicting views were considered and discussed by the Council. It was urged, on the one hand, that preliminary examination might be entrusted to the numerous well-known educational bodies recognised by the Council; and, on the other, it was contended that it would be unsafe to trust to any bodies over whose examinations the Council had no control. Ultimately the subject was remitted to the Committee which sat last year on the same question.

Our next week's number will contain a full report of these discussions.

THE ROYAL COLLEGE OF SURGEONS.

MEETING FOR THE ELECTION OF MEMBERS OF COUNCIL.

THURSDAY, JULY 1ST, 1869.

THE PRESIDENT took the chair at 2 P.M., and after announcing the object of the meeting, was about to declare the ballot open, when

Dr. MORRIS, of Spalding, attempted to speak, and after some difficulty obtained a hearing. He said—Sir, I have a question to ask. I approach you with the greatest confidence for the purpose of asking a question relative to the "particular business" for which we have this day met. Two of the members of the Council—Messrs. Solly and Adams—are retiring from the Council in rotation. Now, sir, I wish to ask you, as both those gentlemen have publicly declined to give any account of their stewardship, whether a proposition has ever been made in the Council to the effect that the meetings of Council should be thrown open to reporters; and, if so, whether Messrs. Solly and Adams supported it? (Hear.)

The PRESIDENT.—Sir, I really cannot answer your question. I have no knowledge of the fact, and cannot tell you.

Dr. MORRIS.—I ask this question simply for information as a voter, because these gentlemen ask me to place them in the Council. I consider I am infringing no rules in asking for this information, which will guide me in my choice of candidates to represent my views in the Council chamber.

The PRESIDENT.—I cannot attend to any further remarks. You are here under a particular bye-law. I have placed the

laws before our standing Counsel to direct me as to the manner of conducting the meeting to-day. I am not here as an individual to express my own views upon anything, but to interpret the laws, and to see that the laws are carried out exactly in accordance with the interpretation put upon them by the legal advisers of the College, and I will ask the Secretary to read the opinion which we have got in answer to that application.

The SECRETARY then read the opinion obtained from Mr. Beavor:—"I am of opinion that the proceedings of the meeting for election of members of the Council must be governed by the 5th clause of the 4th section of the bye-laws. This necessarily precludes any opportunity for discussion, and the subsequent part of the clause further serves to show that nothing but the actual business of the election shall take place at the meeting. In the case of any Fellow desiring to address the meeting, it will be the duty of the President to refuse to permit him." (Cries of "Vote," and "No.")

Dr. MORRIS.—Sir, I am not discussing; I am simply asking a question.

Dr. CARR asked who Mr. Beavor was, and if the President had confidence in him.

The PRESIDENT.—He is the standing Counsel of the College, and I must be entirely guided by his opinion. I now declare the ballot open.

Mr. W. P. SWAIN, of Devonport—May I ask——

The PRESIDENT.—I cannot allow any discussion.

Mr. SWAIN.—I wish to ask a question connected with the election of great importance to a large class of country Fellows, now becoming more numerous every day. (Cries of "Vote," and "Hear him.")

The PRESIDENT.—To your question, sir.

Mr. SWAIN.—I, sir, am a country Fellow by examination, and I wish to ask whether there is any prospect of allowing the large mass of country Fellows to vote by proxy. ("Hear," and "Vote.")

The PRESIDENT.—I cannot answer your question. I have no power of altering the laws, I only administer them as I find them. If that change should be made it is another thing. I can only take the laws as they stand, and act according to them. I now declare the ballot open.

The ballot was not closed until five o'clock, when the papers were called over, with the following result:—

Mr. SOLLY	... ...	222 votes
Mr. ERICHSEN	... ...	199 ,,
Mr. JOHN GAY	... ...	161 ,,
Mr. Henry Lee	... ...	138 ,,
Mr. Erasmus Wilson	... ...	125 ,,
Mr. John Adams	... ...	87 ,,

The President then declared Messrs. Solly, Erichsen, and Gay to be duly elected.

373 Fellows voted on the occasion, but three voting papers were declared invalid.

The number of "plumpers" for each candidate was as follows:—

Mr. Solly	 20	Mr. Lee	 7
Mr. Erichsen	 19	Mr. Wilson	 3
Mr. Gay	 15	Mr. Adams	 2

THE COLLEGE OF PHYSICIANS.

THE Harveian Oration was delivered on Saturday afternoon last, at the College of Physicians, by Dr. Owen Rees, in the presence of a fair number of auditors. There was nothing very striking in the oration to call for notice; in fact, we thought it very discursive, and difficult to follow in consequence. Dr. Rees began by the usual dissertation on the ups and downs experienced by discoverers, and the qualities of originality, industry, and logical acumen by which success was finally attained, though the credit of any given discovery was rarely accorded in the right quarter. He referred to the fact that many workers came near the discovery of the circulation of the blood, but to Harvey alone was the credit of its actual accomplishment due. With our present knowledge, it was difficult to understand how it was that no advance was made upon the belief of Aristotle that the blood of all animals pulsated in the veins, the movement being due to the action of the heart, and how completely the circulation of the blood was missed for the next 1800 years, though the general idea of its occurrence was so early entertained. Servetus and others, again, spoke of the changes effected in the blood by the action of the air, and yet it was reserved for Harvey to show that the blood traversed the whole body, and in its transit made "a complete circle." Harvey had recourse to the inductive method which was systematised a few years later by Bacon. Dr. Rees then sketched the state of the scientific mind at the time of Harvey's discovery, with the view of showing how completely it was under the sway of the miraculous and the superstitious, and how great must have been the qualities of Harvey's mind, and how well balanced his powers of observation and of judgment. Dr. Rees then went on to say that only in the nineteenth century had physicians made any real use of the discovery of the circulation of the blood for the purpose of advancing pathology. Laennec might be considered the first physician to whom the discovery was of use. Harvey enabled Laennec and other auscultators to determine the nature and meaning of valvular changes in the heart. The discovery was of use again in reference to the important subject of embolism, and in the elucidation of the origin of congestions of internal organs. It was of service in aiding the interpretation of nervous phenomena, as might be gathered from the experiments of Bernard on the influence of nerves in the capillary circulation, which showed that the nerves were the governing power. Here Dr. Rees digressed to speak of the nature of nerve force, and to descant upon the possible aid which chemistry might afford in its analysis. A reference to Graham's experiments on diffusion through animal membranes, as throwing light on the changes occurring in the human body, was next made by the orator, who spoke of the microscope somewhat slightingly, we thought, as a "valuable but sometimes dangerous instrument." The audience was next treated to some remarks of a somewhat elementary character on chemistry as applied to the analysis of fluids, this topic being introduced in speaking of the relation of circulation to humoral pathology. After some few words on the abuse of physiology as applied to pathology, Dr. Rees declared that there was too much generalisation at the present day. It was fashionable to work at scientific matters; facts were accumulated and hasty conclusions drawn, this being favoured by the prevailing competition; though a large amount of work was done, its quality was inferior nowadays. Dr. Rees, taking his stand on this assumption, proceeded to descant on the present position of medical education, and commended to the notice of those who were present the plan of training the student so as to make him as practical a man as possible in the short time allotted to him for preparation for examination, and of not making him a scientific man in the ordinary sense of that word

At the conclusion of the oration, the president, Dr. Alderson, rose and said:—

"The duty which I have now to perform being altogether new, it is proposed that I should make a short statement of the circumstances relating to the endowment of the Baly medal, the first presentation of which we have now to make. In June, 1866, the College received a communication from one of its members, Dr. Frederic Daniel Dyster, of Tenby, to the effect that he had a great desire to make some lasting memorial of his friend, the late Dr. William Baly. The communication was made to the College by one of our most respected Fellows, Dr. Martin, who forwarded a letter from Dr. Dyster in explanation of his wishes. These wishes were that the memorial should take the form of a medal, and he chose physiology, as most nearly connected with the practical work of Dr. Baly's life, to be the subject of the work for which the medal should be awarded. Dr. Dyster bestowed £400 for the purpose, and left the award in the hands of the College of Physicians, with power to present it annually, or biennially, as might seem desirable. It was decided by the College that it should be awarded biennially; and on the recommendation of the Master of the Mint, the best of our living artists, Mr. Wyon, has been entrusted with the work of art. It is proper to mention that, in stating his wishes, Dr. Dyster, the founder, especially mentioned that in physiological science he should give precedence to the topic of development. The Council of the College, anxious fully to carry out the intentions, re-

quested further instructions from the founder in this particular, and the answer expressed his desire that the word should be taken in its widest sense; and he wished to exclude no important contributions to natural science that might be based on profound physiological researches, although the works might not with rigid verbal accuracy be called physiological. In the name of the College I must now request that Mr. Owen will do me the favour to come forward. It is my pleasing duty to announce to you that this College has awarded to you the Baly medal, endowed by Dr. Dyster. It is usual on such occasions, whilst congratulating the medalist, to enumerate the services which he has rendered to the cause of science, and to name the works which have especially marked him as the fittest person to receive the honour. I consider, however, that it would be invidious for me to select any instances of your attainments. Your widely-acknowledged reputation is such as to make it wholly irrelevant to specify your various contributions to the advancement of scientific discovery, based as they are (I here quote the words used by the founder whilst explaining the general scope of his intentions) 'based on the most profound physiological researches.'"

Professor Owen replied as follows:—

"If anything could add to the gratification I feel in receiving this mark of honour from the highest representative body of the medical profession, it is its association with the memory of one of its most amiable and accomplished members, of one whom I have never ceased to regret as a most valued and trusted friend. To say that the announcement with which I was this morning favoured by you, Sir, was wholly unexpected, will not surprise; and I need not add that it was as gratifying as unexpected. Whatever value of a lasting character may attach itself to my life's labour (and I do not flatter myself as to the durable amount), I can with truth aver that any result tending to the advancement or improvement of the practical applications of my old and original profession, as a medical man, has ever been the return for anatomical or physiological labour which has been most pleasurable, and most valued by me. And there is no part of my scientific life that I look back to with more unmixed gratification than that devoted to the elucidation of the labours of John Hunter. To receive this mark of your approval adds all that I could wish, and more than I ever presumed to expect. I return you, Sir, and the ancient and learned body over which you preside, my most respectful and grateful thanks."

THE DUBLIN HOSPITALS.

On the 22nd ult., at the meeting of the Statistical and Social Inquiry Society in Dublin, the Hon. Judge Longfield in the chair, Dr. Mapother read a paper "On the Grants and Governing Bodies of the Dublin Hospitals." The author commenced by referring to the fact that public money to the amount of £19,804 is annually distributed amongst fourteen hospitals in Dublin; and of this £16,000 was voted by Parliament, a sum which could not be dispensed with, if hospitals for the poor are to exist, since private benevolence is unable to provide all that is wanted for the unusual mass of poor which exists in Dublin. He then, after making a passing allusion to the imperial object served by the hospitals in Dublin in educating and supplying the mass of army and navy medical officers, which furnished another claim upon the Government for its support, proceeded to state that the public discussion of the mode in which medical officers were elected to these institutions had been forced on by THE LANCET.

Dr. Mapother gave several quotations from the articles which had recently appeared in this journal on the subject, and said he felt bound, as the medical officer of the city of Dublin, to bring forward a matter which concerns the health, limbs, and lives of the poor. The special hospitals were first criticised. At the Institution for Incurables, the Committee elect the medical officers. The Lock Hospital receives £2500 a year from Parliament. The medical officers are appointed by the governors, of whom there are ten, three being a quorum,—a number too small, said Dr. Mapother, "for the prevention of pecuniary arrangements, such as that by which a surgeon was lately elected at the same meeting at which the vacancy was declared." No particular remark was made in the paper with regard to the elections at the St. Mark's Eye and Ear Hospital, or the Cork-street Fever Hospital; but both were praised generally. Speaking of the Coombe Lying-in Hospital, the author said that a new charter created a board of twenty-one, who are to elect their successors, and the medical officers on the recommendation of the existing staff, the assistants to be preferred for the office of master. The election of master from those who have been assistants secures the appointment of a highly-qualified man. When the Right Honourable the Recorder exposed *the system of making governors so as to secure their votes, it was defended on the plea that the charity was the gainer.* But in several other hospitals in which places are sold, none of the price goes to the funds. The general hospitals are ten in number. Sir Patrick Dun's Hospital, the Mater Misericordiæ, and the Hospital of the Sisters of Mercy, are declared to be above suspicion; in neither has any money ever been expended to procure resignation or election. The St. Vincent's Hospital is wholly managed by sisters of charity, "who select medical officers with the advice of the existing staff." Nothing more was said of it. The City of Dublin Hospital, founded by professors of the College of Surgeons in 1832, receives £300 a year from the Corporation; the medical officers elect to vacancies, "large sums being usually paid to the retiring officer." At Jervis-street Infirmary, the governors elect to vacancies on the recommendation of the Medical Board; but "the candidate must qualify by the payment of £500,—£300 of which goes to the retiring officer, and £200 to the hospital." At Mercer's Hospital, "a vacant physiciancy or surgeoncy is at present sold, not for a fixed sum, but for as much as can be got from the bidder, whose money is then divided between the retiring officers and those who remain to be the electors. £1300 is now about the price current."

Leaders and letters in *Saunder's Journal* of April, 1868, made two statements, which, being unrefuted, said Dr. Mapother, deserve notice: (1) That at an election then held, the out-going surgeon, to form the necessary two-thirds of the staff, retained his office till he had voted for the candidate with whom he made the bargain, and that thus the resignation followed the election. (2) That a vacancy having been caused by death, a large sum was paid by the successor, and was divided amongst the medical officers, the relatives of the deceased and the hospital, sadly in need of funds, not receiving anything.

In Steeven's Hospital the purchase system is unknown. Speaking of the House of Industry Hospital, Dr. Mapother remarked that "the last appointment is questionable, inasmuch as a very large sum was paid to the retiring officer by the gentleman elected." The surgeons of the Richmond Hospital have sunk about £3000 in its splendid museum, and it is therefore fair, said the author, "that the incoming officer should pay a fair sum for the use of this educational appliance." At the Meath Hospital "the mode of electing the medical officers is open to the gravest objection." Reference was made to the "nepotism displayed at an election in July, 1861," and to two instances of supposed purchase. "A gentleman having bought the Meath, to recoup himself, agreed to sell his physiciancy to the South Workhouse; and after a sworn inquiry, the bargan was proved, and Sir G. C. Lewis, Sir G. Nicholls, and Sir E. Head made the transaction the ground of a general recommendation to boards of guardians to fix salaries so low that they shall not be worth the selling." Some discussion followed, but it was adjourned till Tuesday next. At the last election a gentleman of one year's standing was elected, but Dr. Mapother says that "there is, as yet, no positive proof that the office was purchased, but the general belief of the profession is that it was obtained by the distribution of money in some way; and in order that the truth may be arrived at, an influential member of Parliament has undertaken to move for an inquiry into the circumstances of this Government institution." After discussing the arguments that had been made use of in support of the purchase system, Dr. Mapother urged the adoption of the London hospital system, with its assistant-surgeoncies and junior resident appointments (particularly instancing University College Hospital as a pattern), and the payment by well-to-do patients; and finally expressed a

hope that, in the interests of the poor and the profession, money may be unable in the future to buy the place which learning, skill, and experience should win.

In the discussion which followed the reading of the paper, Dr. Stewart stated that there was something to be said for and against the system, and he called upon all who knew anything about the matter to tell what they knew.

Dr. Evory Kennedy said the facts Dr. Mapother had stated could not be denied. The practice no man can advocate, and the state of things must be altered. Still most of the great institutions on which they were sitting in judgment were founded by medical men themselves, and were sustained by their advocacy; and if young gentlemen relatives of the founders were in every respect qualified for situations in them, the public had no right to complain.

Dr. O'Leary referred to instances in which he believed medical men legitimately acquired vested interests in hospitals where the purchase system prevails.

Dr. Haughton did not object to the purchase system in an institution where a man took a share, as he did in a mine, and which he worked in teaching pupils. He did not object to the principle where it was known; but where a system of jobbing was carried on, indifferent as to the charitable objects for which an institution was founded, in that case it should be condemned.

Dr. Robert M'Donnell urged that the governors of Dublin hospitals would do more for the medical school of Dublin if they tried to make brains the test, and to set aside the money test.

Dr. Jacob said that where the purchase system was recognised the governors were not restricted in their choice of candidates further than by the fact that money was paid for the position; but at the same time they took care that they elected properly-qualified men.

It was then moved that the discussion be adjourned until the following Tuesday (28th June). On that occasion, Dr. Shaw opened the debate, and condemned the purchase system as vicious in every respect.

Sir D. Corrigan said he thought that it was better than election by governors, and gave some amusing instances of the venality of such electors, and he repeated his conviction that there was no mode of testing merit. He, however, strongly condemned the election by medical men.

Mr. Wharton proceeded to read a statement in defence of the Meath Hospital elections, but as many personalities were introduced, the Chairman ruled it was inadmissible.

Dr. Mapother interposed for the purpose of having the statement read; but Mr. Wharton stated he would have recourse to the public press, and left the meeting.

Mr. McDonnell, Q.C., and Mr. Ross, commented strongly on the observations of Sir D. Corrigan, and in forcible terms denounced the selling of places which merit alone should gain.

After some observations from Drs. Morgan, O'Grady, and McDowell with respect to Mercer's Hospital,

Dr. Mapother replied. He stated his extreme regret that none of the facts he had mentioned had been refuted. He explained at length the modes of election in the Paris and London hospitals, either of which he said would be a real public benefit if introduced into Dublin. He defended himself from the imputation of desiring to condemn his own profession, and stated that he had made the matter public as he had failed by his "Carmichael Essay," and other writings, to procure amendment.

THE ANNUAL REPORT OF THE CORONER FOR CENTRAL MIDDLESEX.

DR. LANKESTER'S annual Report was read on Monday last at a meeting of the Social Science Association. The number of inquests (1262) was 6 below the average. The chief diminution has taken place in natural and accidental deaths. There were 32 inquests on prisoners in gaol, the great majority being due to phthisis. Dr. Lankester observes that the dietary management of prisoners requires great caution; that a low diet operates to prevent persons from working when they get out of prison; and that an underfed human body is in the worst possible condition for receiving instruction or exercising moral control. Sixty inquests have been held in workhouses, 41 of which were either in St. Pancras or St. Giles. This extraordinary circumstance is not by any means satisfactorily explained. The Coroner states that boards of guardians are very jealous of inquests being held in the workhouse over which they have control, disliking, if not fearing, the prying inquiries of twelve of their fellow-parishioners. We agree with Dr. Lankester, that some fixed rule is most desirable. He proposes to set apart one day for interring the dead, and to summons one jury to all the cases of death that would have to be inquired into. Such an inquiry would give an opportunity to the friends of the paupers and to workhouse inmates to say what they knew with regard to the treatment of the deceased.

Dr. Lankester complains of the imperfection of post-mortem examinations. In a case of sudden death, a medical man, having opened the head, and finding an effusion of serum, gave a certificate to that effect. The post-mortem examination was completed by another medical man, who, on examining the chest, found that a piece of meat had got into the larynx, and had caused death by suffocation. Dr. Lankester suggests that if the Coroner could command in all cases the services of a competent expert to make post-mortems, it would contribute to the interests of justice. For ourselves, we look rather to a general improvement in the qualification of medical men, and we are by no means sure that the employment of experts would not be a greater evil than the occasional miscarriage of justice under the existing plan.

It is satisfactory to observe that the number of accidental deaths in the street is much reduced in comparison with former years. There is, however, great room for further improvement. The Report, as usual, contains many facts of great interest relating to illegitimate children and infanticide, and concludes with the remark that it is not the office of the Coroner's Court to detect and punish crime, but rather to see if people come to their deaths by improper or preventable causes.

MEDICAL BENEVOLENT FUND.

THE Committee met on the 8th ult. to elect annuitants from those who had already been placed on the list of candidates. This list contained the names of twenty aged practitioners, their widows or orphans; three others, having died since the last election, are now past needing that small provision they were so eager to obtain some few months since.

After increasing the annuities of two aged widows from £10 to £20, the following six were elected:—

1. The orphan, aged sixty-three, of a M.R.C.S. & L.S.A., formerly in the Navy, and who afterwards practised in Ireland. No income, and has been in such ill-health for some years past as to be unable to earn a livelihood. Has been frequently assisted from the Fund. Recommended by Miss Fincham, E. Pye Smith, and W. Holmes, Esqs., subscribers. Annuity, £10. No. 68.

2. The widow, aged sixty, of a M.R.C.S. & L.S.A. who practised in Gloucestershire. Now occupying one of the houses at Chippenham kindly given by Mr. Bailey to the Medical Benevolent Fund. Recommended by C. Bailey, Esq., and Dr. Rumsey, subscribers. Annuity, £10. No. 69.

3. A M.R.C.S. & L.S.A., aged seventy-five, who practised in the Midland Counties for many years. Health completely broken down, and is very deaf. Entirely dependent (with wife) on the contributions of friends. Strongly recommended by all the medical men in the town where he now resides. Annuity, £20. No. 70.

4. A M.D. & M.R.C.S., aged eighty-five; practised in Oxfordshire. Disabled by old age, deafness, double hernia, and other ailments. Supported by two daughters, who have a limited school. Recommended by Dr. Acland, F.R.S., trustee, and J. T. Hester, Esq., Hon. Soc. Sec. Annuity, £20. No. 71.

5. The orphan, aged seventy-nine, of a surgeon who practised (before 1815) in Shropshire. She is the eldest of four sisters living together, whose united certain income is but £6 per annum. Has been assisted once with £10 from the Fund, in July, 1867. Recommended by J. C. Burrows, Esq., subscriber. Annuity, £20. No. 72.

6. The widow, aged seventy-three, of a late annuitant in Cambridgeshire. Solely dependent on charitable relief. Recommended by W. Carr, M.D., subscriber. Annuity, £20. No. 78.

Correspondence.

"Audi alteram partem."

THE MANAGERS OF THE ROYAL INFIRMARY AND MR. LAWRIE.

To the Editor of THE LANCET.

SIR,—Will you be good enough to insert the enclosed?

I am, Sir, your obedient servant,

June 29th, 1869. S. G. LITTLEJOHN.

[COPY.]

To the Managers of the Royal Infirmary.

MY LORD AND GENTLEMEN,—I feel so strongly the gross injustice which has been done Mr. Lawrie, that I beg to resign the position I now occupy in the Royal Infirmary.

I am, my Lord and Gentlemen,

Your most obedient servant,

S. G. LITTLEJOHN, M.B., C.M.,
Resident Physician, Clinical Wards.

[COPY.]

To the Managers of the Royal Infirmary.

21, South Castle-street, June 28th, 1869.

MY LORD AND GENTLEMEN, — Understanding that the subject of my letter to THE LANCET is likely to be brought under your consideration again to-day, I beg very respectfully to state that in writing that letter, while I felt it my duty to allude to certain matters of fact with reference to a very important point in surgical practice, I had no intention to impugn either Mr. Spence's veracity, or his skill as an operator; and can only regret that such an impression should have arisen.

I also feel it my duty to mention that before Mr. Spence wrote his article on the Ligature of the Carotid Artery, I expressed to him my conviction that the ligature I had supplied him with must have been imperfectly prepared. This communication to Mr. Spence took place in his own room at the Royal Infirmary, on the 16th of May last, in the presence of one of the resident physicians, who has a distinct recollection of it.

I have the honour to be,

My Lord and Gentlemen,

Your most obedient servant,

EDWARD LAWRIE.

To the Editor of THE LANCET.

SIR,—The accompanying note from Mr. Lawrie reached me on Saturday night.

[COPY.]

21, South Castle-street, June 26th, 1869.

SIR,—As you have stated in a communication which appeared in this day's LANCET, that my letter contains assertions inconsistent with fact, I have to request that you will inform me on what this statement is founded. As I am no longer a house-surgeon in the Infirmary, I hope that compliance with this request will not be inconsistent with your dignity. I am, Sir, your obedient servant,

(Signed) EDWARD LAWRIE.

Professor Spence.

To that communication I made the following reply:—

[COPY.]

Edinburgh, June 28th, 1869.

SIR,—As I must decline any private correspondence with you, after the manner in which you have acted, I shall forward to THE LANCET your note of Saturday, together with my reply.

I am, Sir, your obedient servant,

To Edward Lawrie, Esq., M.B., 21, South Castle-street, Edinburgh. JAMES SPENCE.

I have accordingly drawn up the following statement, which I request that you will do me the favour to insert in your journal, together with the foregoing correspondence.

I am, Sir, yours faithfully,

JAMES SPENCE.

1st. As to the state of the ligature. Mr. Lawrie says,—"It is quite possible, considering the state of the catgut at the time of the operation, that the first knot yielded while the second was being tied." As Mr. Lawrie previously describes the ligature he sent me as being "perfectly dry," he evidently means it to be understood that the ligature was applied in that state. The ligature was *not* applied dry, but had been steeped in a watery solution of carbolic acid, as described in my paper, so as to render it quite pliable, and not in a condition at all likely to slip.

2nd. Mr. Lawrie argues that, "The unusual precautions which he (Mr. Spence) adopted to guard against this occurrence imply that he felt apprehensive of it." The division of the internal coats of the artery sufficiently attests the tightness of the constriction, whilst the precautions alluded to effectually prevented the first noose from slipping.

3rd. Mr. Lawrie further states, in reference to the knot slipping, that "This view is borne out by what was seen by myself and others in the dissected preparation, where, after the knots had been unfortunately completely cut away, more catgut was visible on the vessel than could possibly have formed the constricting ring if the first knot had retained its hold." "Unfortunately" for the truth of this allegation, the knot never was "completely cut away," but is still to be seen *in situ*. The whole length of catgut which either Mr. Lawrie or any "others" could or can see, amounts as nearly as possible to two-tenths of an inch, including the knot. The circumference of the artery is one inch and one-twentieth.

4th. Mr. Lawrie states that, "The dressing of the wound consisted of a single strip of lint moistened in a solution of oil and carbolic acid (one part in twenty), not large enough to overlap the wound half an inch in any direction." I have to state that the whole internal surface of the wound was soaked with the watery solution of carbolic acid. I then closed it accurately with metallic sutures; next I washed the surface of the surrounding skin with the carbolic solution. The slip of lint used to cover the linear incision was, I believe, fully two inches broad, and large enough to overlap the wound at least one inch in every direction. This lint was not merely "moistened," but soaked and saturated with oil and carbolic acid, one part in twelve,—*not* one part in twenty, as stated by Mr. Lawrie. After being conveyed to the ward, a narrow pad of lint was placed on each side of the incision, so that the margin of the lint soaked in carbolic oil was included under it. The whole was kept in position by two slips of carbolic plaster. The external surface of the lint was moistened from time to time with carbolic oil, but the lint itself was not raised off the wound until the day after the cerebral symptoms had appeared.

5th. Mr. Lawrie says, "I happened to be the first to examine it (the wound), and found its deeper surfaces coated with yellow pus, and offensive from decomposition." With reference to this assertion, my resident surgeon, Mr. Bramwell states that, "Mr. Lawrie was not the first to examine the wound, for I myself took out the sutures, and enlarged the wound. It was then seen that there was some pus (a very small quantity) in the superficial portion of the wound just below the skin. The whole of the parts were then removed with as little disturbance as possible. The deeper portions of the wound, and the part where the ligature was situated, were not examined until the next day, when Professor Spence made the dissection." Having myself dissected the deeper parts around the vessel, I can distinctly state that they presented no appearance of suppuration or putrefaction, as alleged by Mr. Lawrie. Indeed, the condition of the tissues in the preparation is sufficient to show that such could not have been the case.

"Lastly," says Mr. Lawrie, "I cannot but regard it as strange that the artery was never laid open to ascertain whether the coagula had really been displaced. That it was so is, so far as I am aware, merely a matter of hypothesis." I have to state that the artery *was* laid open, and its condition exhibited to my colleagues and others present

at the time. The internal coats were seen to be divided at the point of deligation, and the canal of the artery immediately above and below that point presented no appearance of coagula.

MR. LAWRIE ignores the presence of the clot in the middle cerebral artery of the same side as the vessel tied, as found and shown at the post-mortem examination in the pathological theatre as a proof of embolism.

You will observe that I make no remarks on Mr. Lawrie's communication beyond stating categorically wherein it is inconsistent with fact.

JAMES SPENCE.

Ainslie-place, Edinburgh, June 28th, 1869.

THE SMITHFIELD TRAGEDY.

To the Editor of THE LANCET.

SIR,—Most of your readers have probably perused an account of the tragedy from poisoning by prussic acid which occurred near Smithfield last Monday morning.

I forward you the result of the post-mortem examination made in four cases, so that, if thought of sufficient interest, you may publish it.

In the first three cases the examination was made within twelve to fifteen hours of death; in the fourth case it was made on the ensuing day.

The chief characteristics seemed—(1st) the remarkable fluidity of the blood; and (2nd) the strong odour of the poison in every organ. I do not know if the small extravasations of blood, about the size of a hemp-seed, which studded the surface of the lobes of the lungs, are in any way peculiar to death by this poison.

I am, Sir, your obedient servant,

FREDK. W. WILSON, M.B. Lond., &c.

Farringdon-street, June 30th, 1869.

NAME.	AGE.	GENERAL CONDITION.	EYES.	MOUTH, ETC.	STOMACH.	LUNGS.	HEART.	GENERAL OBSERVATIONS.
GEO. HENRY DUGGAN (examined at 2 P.M. on June 28th)	3 years	Body well nourished; rigor mortis; lividity of extremities, back, &c.; no fæces or urine passed; no contractions of limbs; appearance very placid, as if asleep	Pupils rather dilated; not bright	Teeth clinched, tongue between them; some foam issuing from nostril	Strong odour of prussic acid on opening abdomen; it contained food, which partially concealed the smell of HCy; not much congested	Somewhat congested; small black specks of extravasation of blood, about as large as hemp-seeds, all over surface of lobes	Contracted; contained a little fluid blood	Odour of prussic acid perceptible in heart, great vessels, lungs, &c., of each case, more especially in the adults
EMMA DUGGAN (examined at same time)	12 years	Body well nourished; rigor mortis; cadaveric lividity on the extremities, back, &c.; urine and blood passed (probably menstruation)	Brilliant; pupils dilated	Teeth clinched on tongue; no foam	Strong odour of HCy. on opening stomach, which was much congested; food in same	Bronchial tubes full of bloody froth; black specks all over surface of the lungs, about the size of a hemp-seed, and consisting of extravasated blood	Full of fluid blood; no contraction	The blood in every case was remarkably fluid; there was no coagulum found
EMMA DUGGAN (examined at same time)	40 years	Body well nourished; rigor mortis; not much cadaveric lividity	Pupils not dilated, nor bright	Not closed	Contained a small quantity of reddish fluid; smelt very powerfully of prussic acid; great congestion	Congested as in the other cases	Contained fluid blood	When seen at 9 A.M., rigor mortis was present in all the children, but not in either parent. The teeth were tightly closed in all the children but the eldest. There was a placid expression, as if asleep, in all the children; the eyes were closed; pupils more or less dilated; eyes brighter in some than in others
WALTER JAS. DUGGAN (exam. at 1.15 P.M. on June 29th)	38 years	Body well nourished; some cadaveric lividity; scar over right eyebrow; wore a truss for left inguinal hernia; surface of brain somewhat cloudy from opacity of arachnoid membrane; in other respects cerebrum healthy; the cerebellum softer than the cerebrum	Open; somewhat dilated	Open; odour of HCy.	Intensely congested; contained a small quantity of reddish-brown liquid; a solution of nitrate of silver on a watch-glass suspended over the liquid gave a dense whitish precipitate	Congested, and studded with black specks as in the other cases; bloody mucus in the tubes; some tubercular deposit in upper lobes	Fatty; contained fluid blood	

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—I have read with some interest Professor Syme's "Observations on the Reform of Medical Education;" and, though I cannot follow him in all he says, I am delighted at the bold way in which he attacks one of the greatest abuses in the University of Edinburgh—an abuse which, I fancy, is only too general in the universities of Scotland. I will quote the passage in his "Observations" to which I refer, and then make one or two comments on it:—

"In addition to the advantages that would proceed directly from such a plan, there is another of no small importance that may be mentioned, which is the prevention of students being examined mainly by their own teachers, especially by those who let it be known that they will require the answers to their questions to be in strict conformity with the views expressed in their lectures. It is well known that when such is the case students will frequently attend lectures without any expectation of benefit, and merely to propitiate their examiners."

When I went to Edinburgh to complete my studies and take the degrees offered by that University, I was of course anxious to know what were the text-books in use, and to my repeated inquiries I was invariably answered, "Take good notes; *I* only read my notes." This was rather perplexing for one who, having studied for two years in London, had to pass in subjects on which I could have none of the *special* notes. What was to be done? I found out, on inquiry, that one or two of the professors had written small books, by learning off which by heart, and by taking out a class held by them during the summer months, but not as yet recognised by the Senatus, a tolerably sure prospect of passing was held out. I am a bad hand at taking notes; yet, without them, how is the student to be reminded of the subtle distinction between rheumatic fever and acute rheumatism, which one of the professors invariably examines upon? No treatment but that given in their lectures will cure the patient or be accepted in the examination. One must give Stubins Stubins, and Sprigens Sprigens, or else you cannot pass. I will now try to show another great blemish in this system. Men who pass high in Edinburgh—that is, they who have been able to give almost verbatim the

words of Stubins unto Stubins—come to London to be "ground" for the navy and army examinations. Why is this? They are perfectly ignorant of everything but what has been mentioned in the lectures; thus showing that high position in the University is no criterion of professional knowledge beyond that contained in a five months' course of lectures.

There is another reform required in the universities of Scotland, which Professor Syme has forgotten to mention. By the statutes of the University there are twelve or fourteen subjects for study, on all of which lectures are given and must be attended. By the same statutes, two years may be spent away from the University, in London or elsewhere, and four courses of lectures accepted. Two years *must be* spent in the University. Thus the London student has to cram into two years the work of four; so that while I was at the University I was attending at least four courses of lectures during the winter, each course consisting of one hundred lectures. On the whole, therefore, during two winter sessions of five months, I attended from eight hundred to a thousand lectures of an hour's duration each: this was in addition to hospital practice and study at home.

Apologising for intruding on your valuable space,

I am, Sir, &c.,

H. A. HUSBAND, M.B., M.C.,

Dowry-sq., Clifton, June 14th, 1869. Memb. Gen. Coun. Univ. Edin.

THE CASE OF HAMILTON *VERSUS* PENLINGTON.

To the Editor of THE LANCET.

SIR,—As you have thought the case of Hamilton *v.* Penlington, tried in the Liverpool County Court last Monday week, of sufficient importance to give an outline of it to your readers, will you allow me to mention the circumstances, which do not appear in the brief report from which you quote, which justify the higher charge claimed?

I do not complain of a guinea for each visit when I attended the patient alone; but when I gave up the case to another medical man, and instead of going daily, only went twice a week, and latterly only once a week, and on those occasions had to fix a time, and make other engagements, often at great inconvenience, to accord with that time, I consider that I was entitled to the same consulting fee that I am in the habit of receiving for similar and even less distances. This opinion was corroborated by all the medical witnesses—indeed, some of them stated that they were in the habit of receiving three guineas for a consultation at that distance. The judge appeared as much surprised as the rest of the Court at the verdict, and said to the jury that he was quite unable to see by what process of reasoning they had come to such a conclusion. It is only justice to the jury to say that they were very divided in opinion. After an hour and a half's absence, they returned into Court unable to come to a decision, and it was only the fear of being locked up for the night that made them come to a unanimous verdict. I am, Sir, yours &c.,

Prince's-road, Liverpool, June 21st, 1869. ROBERT HAMILTON.

NAVAL STAFF APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—The changes in the naval medical service lately announced in THE LANCET are now about to be effected; and although, as well-wishers to the service, we regard a frequent rotation in staff appointments as desirable, yet we know that much personal hardship must be inflicted by a summary removal of officers appointed under a different system.

The *Army and Navy Gazette* deserves thanks for its remarks on this matter, and many must concur in its opinion that the only cure for the dead lock now existing will be found in equal chances of promotion with the army, where the inspectorial list is not a fictitious one.

The officers about to be dispossessed and baulked in their prospects, may take courage from the assurances and promises given in Parliament on Tuesday night by the First Lord of the Admiralty touching the reduction of Admiralty clerks, "that no one was more anxious than himself that no personal interests should suffer; and if any such case should come to his knowledge, he would do his best to prevent any injustice."

For my own part, I think it quite certain that the same consideration awaits officers who have deserved well in war and in foreign service.

I am, Sir, your obedient servant,

June 24th, 1869. R. N.

THE MEDICAL CLUB.

THE usual monthly dinner took place at the Club on Wednesday last, Dr. Brady, M.P., in the chair. Amongst the members present were Sir John Gray, M.P., Dr. Lush, M.P., Dr. Brewer, M.P., Mr. Clement, M.P., Dr. Tuke, Mr. Erasmus Wilson, Dr. Evanson, Mr. W. Adams, Dr. Richardson, Dr. Aquilla Smith, Mr. Woolcott, Dr. Rogers, Dr. Forbes Winslow, Dr. Andrew Wood, Dr. Allen, Dr. Wakley, Dr. Stannus Hughes, Mr. Teevan, Dr. Leet, Dr. Lory Marsh, &c.

The dinner was of a most satisfactory character, and the members expressed themselves highly pleased and gratified with the arrangements of the Club.

The Chairman, in proposing the toast of Success to the Medical Club, referred to the great advantage it possessed as a means of social reunion. Through its instrumentality members and friends who would otherwise remain separated, had an opportunity of renewing and strengthening old friendships, while they were continually forming fresh ones. He spoke of the advantage of the Club in a political point of view, and the influence it was capable of exerting upon the Government on all questions relating to medical policy, as well as those of a sanitary and scientific character. In illustration, he stated that the Chancellor of the Exchequer had expressed himself pleased to receive a deputation from the Club upon the sanitary arrangements for the new Law Courts. Dr. Brady expressed his great regret at the apathy evinced by the leading members of the profession in London towards the success of the Club. He said its advantages were so manifold and apparent, that now it was safely established he hoped that apathy would give place to enthusiasm, that its numbers would shortly be largely increased, and the Club become domiciled in a building worthy of the profession, and that its influence would be felt, not only upon the State, but upon the public at large.

THE ASYLUM FOR IDIOTS, EARLSWOOD.

THE first stone of the enlargement of this asylum was laid on Monday last, the 28th ult., by his Royal Highness the Prince of Wales, accompanied by her Royal Highness the Princess of Wales, and suite. The ceremony took place in a handsome marquée, in the presence of a brilliant assemblage, numbering about 3000 persons. The stone having been duly laid, and prayer offered by the Archbishop of Canterbury, upwards of 400 purses were presented by ladies, none of which contained less than five guineas. His Royal Highness was also graciously pleased to lay upon the stone a cheque for one hundred guineas. The royal visitors then partook of a *déjeûner* with a small and select party, and afterwards planted each a tree in the asylum grounds in commemoration of their visit. The numerous questions asked of Dr. Grabham, the medical superintendent, and Mrs. Grabham, by the Prince and Princess, regarding the inmates of the institution, their treatment, employment, and progress, and the deep interest which they took in inspecting various specimens of their work, showed how much they sympathised with the welfare of the institution. After the departure of the Royal party, the annual *fête* for the amusement of the patients took place in the grounds of the asylum, and not less than 4000 visitors were present. The proposed additions comprise an extension of the dining-hall to nearly double its present length; the erection of two blocks containing kitchen and domestic

offices, patients' wardrobes and dormitories, and rooms for servants; the space between these blocks to be roofed in with glass, so as to form a large covered gymnasium; and the provision of a detached infirmary (long needed), which will comprise two pavilions, each containing on the first floor a ward for twenty beds, with smaller wards and convalescent rooms below; also a separate kitchen and offices, with airing grounds for convalescing patients. The present building is capable of accommodating 500 inmates; and the proposed enlargement will afford room for 300 more. The total cost of these additions is estimated at £20,000, of which about £12,000 has been provided.

DEPUTATION OF THE MEDICAL CLUB TO THE CHANCELLOR OF THE EXCHEQUER.

A DEPUTATION from the Medical Club waited upon the Chancellor of the Exchequer, by appointment, in Downing-street, on Thursday, July 1st, to impress upon him the necessity for considering the important sanitary questions involved in the erection of the proposed new Law Courts.

The deputation was introduced by Dr. Brady, M.P., accompanied by Sir John Gray, M.P., and Dr. Lush, M.P., and consisted of the following gentlemen:—Dr. Lory Marsh, Mr. Nunneley, F.R.C.S., Dr. Richardson, F.R.S., Dr. Stannus Hughes, Mr. Booth, Dr. Sabben, Dr. Allen, Dr. Rogers (of Rainhill), Mr. Field, Dr. Prosser James, and others.

The deputation was courteously received by Mr. Lowe, and on retiring he promised to support the views of the deputation, and invited the Club to send a representative to appear before the Select Committee to be appointed by the House of Commons to consider the general subject.

Medical News.

GUY'S HOSPITAL.—Dr. J. Braxton Hicks has been appointed full Physician-Accoucheur at Guy's Hospital, vice Dr. Oldham, resigned. Dr. J. J. Phillips succeeds Dr. Hicks as Assistant Physician-Accoucheur. Dr. Oldham retains connexion with Guy's as Consulting Physician-Accoucheur.

THE Kensington guardians have taken proceedings against several parents for non-compliance with the Vaccination Act.

THE concerts at the Radcliffe Infirmary given by the resident medical staff for the entertainment of the patients, appear to be a great success. The *Oxford Journal* says that the last one, which took place on the 19th ult., "gave great pleasure to the visitors as well as to the patients."

A MEDICINE-CHEST, neatly and conveniently fitted up, has been presented to the 1st Lincolnshire Rifle Corps by Mr. J. Hayward, of Lincoln. The chest has been placed in the care of the surgeon to the corps.

HOMŒOPATHY IN PARIS. — The Homœopathic Society of France have decided that an hospital shall be founded in Paris in which the practice of homœopathy shall have free scope. A public subscription is to defray the expenses.

ACCORDING to latest advices, isolated cases of yellow fever are reported from all parts of Peru, but at Callao and Lima the epidemic was raging violently. A few cases had also occurred at Fort de France, Martinique.

THE West Derby guardians have decided to retain the Mill-lane Workhouse, using it for the purposes of a fever hospital.

THE Faculty of the Medical Department of the University of Louisiana have manifested their esteem and admiration for their late professor, Dr. Thomas Hunt, by placing in their principal hall a marble tablet commemorative of his services and abilities.

A BRAVE SURGEON.—At Turin, on May 30th last, a five-storied house was giving way, when it was reported that a little girl had been left inside. M. Panizza, a well-known surgeon, hearing of the circumstance, rushed into the house to rescue the child, but it was too late. Both the generous Panizza and the child were buried in the ruins. Such an act does great honour to humanity and our profession. We are glad to perceive, says the *Imparziale*, of Florence, that the people of Turin are providing for the family of this unselfish and courageous man.

PLYMOUTH PROVIDENT DISPENSARY. — Medical Staff.—Physicians: William Dale, M.D., Thomas Littleton, M.B., and Ellis F. Thorold, M.D. Consulting Ophthalmic Surgeon: H. Greenway, M.R.C.S. Eng. Surgeons: G. H. Eccles, L.R.C.P. Edin., J. McW. Graham, L.R.C.P. Edin., Thomas Harper, M.R.C.S. Eng., J. H. Hicks, M.R.C.S. Eng., G. Jackson, L.R.C.P. Lond., F. W. P. Jago, M.B. Lond., E. C. Langford, M.R.C.S. Eng., J. H. S. May, M.R.C.S. Eng., Thomas Pearse, M.D., William Square, L.R.C.P. Lond., and W. B. Stephens, M.R.C.S. Eng.

A PROPER ACKNOWLEDGMENT.—Cholera reigned very severely at Ancona in 1836, 1855, and 1865: the medical profession did its duty, and no less than eleven medical men perished during these epidemics. On the 23rd of March last, a commemorative tombstone was unveiled in the cemetery of Ancona, in the presence of the delegates of various medical societies, and a great concourse of people. The names of the eleven victims are engraved on the mournful stone. Powerful and very touching speeches were delivered, and the ceremony passed off with becoming impressiveness. This mark of respect had been organised by the Medical Mutual Association. With regard to the latter circumstance, the editor of *L'Imparziale* justly remarks that this acknowledgment of generous self-denial on the part of courageous medical men ought to have emanated from the general population of Ancona, who reaped the benefit of this sad loss of life, and not from the professional brethren of the departed.

UNITED HOSPITALS ATHLETIC CLUB.—A meeting of the members of this club took place at the Lillie-bridge Grounds, West Brompton, on the 17th ult., and, despite the unfavourable state of the weather, the sports were well attended, and the races contested with much spirit. The arrangements were very good. Guy's Hospital deserves much credit for its liberality in presenting prizes; and we hope that more men will be hereby encouraged to compete, through the club being able to offer more second and third prizes.

THE RIBERI PRIZE OF £800.—Any works published between 1868 and 1870 may be sent in, provided they treat of some improvement in medical science. Manuscripts are also received. The latest period for transmission is December 31st, 1870. The works must be addressed to the Secretary of the Academy of Medicine of Turin.

IN the course of a discussion which arose last week at the meeting of the Liverpool Health Committee, relative to the Workshops Regulation Act, Dr. Trench stated that the Act had been carried out as far as possible in the borough, but that he considered, on the whole, it was an impracticable piece of legislation.

Medical Appointments.

ASHTON, Mr. T. G., has been appointed Dispenser at the Paddington Workhouse Infirmary.

BEVISS, C., M.D., has been appointed one of the Attending Medical Officers to the South-Western Provident Dispensary, Denbigh-street, Pimlico.

BURGESS, Mr. J. W., has been appointed Dispenser to the St. Marylebone Provident Dispensary.

CORMACK, M. P., M.D., has been reappointed Medical Officer to the Cashel Dispensary District of the Cashel Union, Co. Tipperary.

DAVIES, Mr. J., has been appointed Dispenser to the Montgomeryshire Infirmary, Newtown, vice Mr. M. Bebb, resigned.

DICKSON, J., M.D., has been appointed a Surgeon to the Whitehaven and West Cumberland Infirmary, vice J. D. Fidler, M.D., deceased.

EDWARDS, B., M.R.C.S.E., has been appointed Junior House-Surgeon to Guy's Hospital, vice Lucas, promoted to Senior House-Surgeon.

EVANS, G. F., M.D., has been appointed Consulting Physician to the Birmingham and Midland Free Hospital for Sick Children, vice J. Johnstone, M.D., deceased.

FERNIE, J., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for District No. 3 of the Upton-upon-Severn Union.

GILL, H. C., M.R.C.S.E., Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, has been appointed Assistant Medical Officer to the North Riding Asylum, Clifton, Yorkshire, vice E. Chaffers, M.R.C.S.E., resigned.

GREENWAY, Mr., of the "Dreadnought" Hospital Ship, has been appointed House-Surgeon to the Preston Dispensary, vice H. Walmsley, M.R.C.S.E., resigned.

HENDERSON, W. A., L.R.C.P.Ed., has been appointed House-Surgeon to the Evangelical Protestant Deaconesses' Institution and Training Hospital, Tuitenham.

HILLIARD, H. C., M.B., has been promoted to Senior House-Physician to Guy's Hospital.

HOGGAN, E., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Morton, Dumfriesshire, vice A. C. Chalmers, M.D., resigned.

I'ANSON, T. F., M.D., has been appointed Admiralty Surgeon and Agent for Whitehaven, Cumberland, vice J. D. Fidler, M.D., deceased.

JORDAN, F., F.R.C.S.E., has been appointed Professor of Anatomy to the Royal Birmingham Society of Artists, vice W. Sands Cox, F.R.C.S.E., resigned.

KITCHENER, T., M.D., M.R.C.S.E., has been appointed Medical Officer to the Jersey Female Orphans' Home.

LAWRENCE, A., M.B., has been appointed House-Surgeon to Chalmers' Hospital, Banff.

LUCAS, R. C., M.R.C.S.E., has been promoted to Senior House-Surgeon at Guy's Hospital.

M'DERMOT, Dr. S., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Gurteen Dispensary District of the Boyle Union, vice Palmer, resigned.

M'FADYEN, D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for Glenorchy and Inishail, Argyllshire, vice M'Lellan.

MALINS, Mr., has been appointed Dispenser to the Reading Dispensary.

PALMER, Dr. T. D., has been appointed Medical Officer for the Drumahare Dispensary District of the Sligo Union.

PHILLIPS, Mr., has been appointed a Surgeon to the Reading Dispensary.

RANSOM, W. H., M.D., has been appointed a Medical Officer *pro tem.* to the new Free Hospital for Sick Children, Nottingham.

RODGER, Dr. J., has been appointed Pathologist and Curator of the Museum at the Royal Infirmary, Aberdeen.

SHAW, R., M.B., has been appointed Medical Officer for the Upper Nithsdale Combination Poorhouse, Morton, vice A. C. Chalmers, M.D., resigned.

SHETTLE, R. C., M.D., has been appointed a Physician to the Reading Dispensary.

TAYLOR, F., M.B., has been appointed Junior House-Physician to Guy's Hospital, vice Hilliard, promoted to Senior House-Physician.

WALFORD, T. L., M.R.C.S.E., has been appointed a Surgeon to the Reading Dispensary.

WOODWARD, A., M.R.C.S.E., has been appointed a Medical Officer to the Royal Isle of Wight Infirmary, Ryde, vice J. F. Ollard, M.R.C.S.E., resigned.

WORKMAN, F., M.R.C.S.E., has been appointed a Surgeon to the Reading Dispensary.

WRIGHT, T., M.D., has been appointed a Medical Officer *pro tem.* to the new Free Hospital for Sick Children, Nottingham.

YORK, G. B., L.R.C.P.Ed., has been reappointed Medical Officer for District No. 6 of the Upton-upon-Severn Union.

Births, Marriages, and Deaths.

BIRTHS.

EDWARDS.—On the 23rd ult., at Tunstall, Staffs, the wife of J. P. Edwards, L.F.P. & S. Glas., L.S.A., of a son.

GRATTAN.—On the 25th ult., at Cork, the wife of Dr. N. Grattan, of a daughter.

LOGAN.—On the 21st ult., at Redcliff-parade West, Bristol, the wife of Jas. Logan, M.D., of a daughter.

MAJOR.—On the 30th ult., the wife of H. P. Major, M.D., of Hungerford, of a daughter.

SABBEN.—On the 23rd ult., at Northumberland House, Stoke Newington, the wife of J. T. Sabben, M.D., of a daughter.

SEQUEIRA.—On the 24th ult., at Leman-street, Goodman's-fields, the wife of James Scott Sequeira, M.R.C.S.E., &c., of a son.

WIGMORE.—On the 24th ult., at Inverness-road, Bayswater, the wife of Wm. Wigmore, M.R.C.S.E., of a son.

WILLIAMSON.—On the 26th ult., at Mildmay-park, the wife of Jas. Williamson, M.D., of a son.

MARRIAGES.

DOVE—BUTTON.—On the 23rd ult., at St. George's, Tufnell-park, J. R. Bathurst Dove, M.B., to Agnes, daughter of W. Button, Esq., late of Cliff House, Lewes.

LAND—DUDGEON.—On the 10th ult., at Littleham, Devon, Wm. J. Land, M.R.C.S.E., of Exmouth, to Annie, younger daughter of D. Dudgeon, Esq., of Claremont, Exmouth.

DEATHS.

ARMSTRONG.—On the 17th ult., D. J. Armstrong, M.R.C.S.E., of Broullys, near Talgarth, Brecknockshire, aged 43.

BARKER.—On the 23rd ult., at Knowle, near Birmingham, D. Barker, Surgeon, late of Macclesfield, aged 43.

COATES.—On the 13th ult., M. G. W. Coates, M.R.C.S.E., of Great Malvern, aged 53.

ELLIOT.—On the 23rd ult., Wm. Elliot, M.D., of Gatton-point, Red-hill, Surrey, formerly of Stratford-green, Essex, aged 72.

ORTON.—On the 16th ult., at The Cottage, Foleshill, after a severe illness, Eliza, wife of John Orton, Surgeon, of that parish, aged 51.

SAVAGE.—At Nent Head, Cumberland, Margaret, the wife of G. H. Savage, M.D., aged 24.

Medical Diary of the Week.

Monday, July 5.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.

Tuesday, July 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Westmacott, "On the Use of the Whalebone Loop."—Dr. Lawson Tait, "On a Case of Reduction of Chronic Inversion of the Uterus by Sustained Pressure."—Dr. Selby Norton, "On Teething."—And the adjourned Discussion on the Report of the Infant Mortality Committee.

Thursday, July 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 10.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

LIFE ASSURANCE AND FEES FOR MEDICAL REPORTS.

A Country Practitioner remarks that he "considers the plan adopted by the Albion Life Office vicious, because it makes an unsuccessful proposer pay for a report which he is better without, whilst the Office obtains valuable skilled testimony for nothing." This is consulting the patient's interests with a vengeance. The plan adopted by the Albion Office secures to the medical man his fee at the time of examination, and any Office which followed this plan ought, of course, to repay the proposer, whether he was successful or unsuccessful in his assurance; but really the medical man has nothing to do with that question. It is a matter between the proposer and the Office. The medical man is not the go-between.

Inquirer.—The scientific branches might, perhaps, best be studied at Oxford. It would be invidious to name any particular school in London where the purely medical and surgical branches can be followed. The Deans of the various schools would afford every information by which our correspondent could judge for himself as to the comparative advantages afforded by different schools.

TYPHUS FEVER.

To the Editor of THE LANCET.

SIR,—I exceedingly regret that the word "relapse" was used in the title of the case reported by me to THE LANCET of the 10th inst., and would state that "recurrence," or "second attack," would have been etymologically more correct, and more in accordance with the facts of the case; and I may add that similar cases are quoted by all the chief authorities on fever.

Yours very sincerely,
ROBERT W. FOSS, M.B.,
Late Assistant Resident Medical Officer, London Fever Hospital.
Hospital for Consumption, Brompton, June 24th, 1869.

A. Z.—1. No, it is not considered a medical qualification.—2. The L.F.P.S. Glasgow is regarded as a surgical qualification.—3. The Board has no right to give special preference to one holding a double English qualification.

Pro Bono Publico.—We fear there is no Act of Parliament which contemplates interference with such quackery as our correspondent describes.

X. Y. Z.—The fee must be handed over to the principal.

SPIRITUALISM.

A CORRESPONDENT calls our attention to the revival of a discussion of Spiritualism by the Dialectical Society. Famous among Societies is the Dialectical. It must be composed of men of uncommon acumen and reasoning powers—at least it ought to be, if we are to judge from its name, and the awkward and difficult subjects it tackles. One of its first performances was the inculcation of a piece of advice, the exact reverse of that originally given—viz., "Be barren, and increase not," and there was a good deal of a very nebulous sort of talk as to how the precept was to be carried into practice. It was not an easy subject for public discussion, and it naturally gave the members an opportunity for exercising their skill in euphuism, if not in dialectics. Of late the Society has embarked in a new inquiry, and Mr. Home has been giving evidence before it as to the mysterious appearance of a hand before the Emperor and Empress of the French and himself. The hand behaved in a way very unlike what we should have imagined its supposed owner—the first Napoleon—would have acted; for it made its appearance very much as a pet child does at dessert and before bedtime, and was kissed by the company. It was, too, as fickle and coy as a child is apt to be in manifesting its likes and dislikes; it submitted to the embrace of the members of the family, but hesitated about Mr. Home. The hand, however, did more than this; it took a pencil from the far side of the table, and wrote "Napoleon" in the handwriting of the celebrated founder of that family. According to Mr. Home, we wake up in the spirit world precisely as we had left this, with all the old differences of faith and opinion apparently—a prospect anything but pleasant to those who abhor controversy, although not altogether without gratification to those—and there are many such in this world—who would dislike nothing so much as to find out that the views held by a nobody, or by some bore for whom they had felt an undisguised contempt, were right after all. Hr. Home's spirits are very "handy" kind of beings in more senses than one; they never appear where they are not at home or in inharmonious society. A court of justice, for instance, is, we suppose, a very uncongenial sort of a place, and no lawyer has succeeded in tempting them into it. There is one thing for which the Dialectical Society certainly merits the thanks of journalists. After the political storm caused by the Irish Church Bill, and the state of intellectual tension into which we were thrown by the speeches of the spiritual Peers, the papers have felt the effect of the dull uniformity of a political calm. The phenomena of Mr. Home's spirit world, although they have lost their novelty, will never lose their charm for a good many people, who care far more for such things than for dialectics.

Dr. Gray, (Selby.)—It is really too much to expect us to answer such an inquiry at this distance of time, and without any reason being assigned. We can only say that the announcement in question, as well as that which appeared in the preceding number, were both well authenticated. We cannot afford the time to enter into private correspondence upon such a subject.

W. B.—Mr. Curling's work is a standard one on the subject.

THE ROYAL MEDICAL BENEVOLENT COLLEGE ELECTIONS.

To the Editor of THE LANCET.

SIR,—Although not a "boating man," I may perhaps be allowed to take an oar with our friend, Mr. Jabez Hogg, your correspondent *in re* Royal Medical Benevolent College Elections in your number of June 19th. He has expressed fully my own idea engendered many years ago, and which I should then have expressed but from a feeling and wish not to disturb the harmony in the arduous workings of its lamented founder. Peace and honour to his manes! and blessed be his memory! I now most fully endorse the ideas of Mr. Hogg; and now that we have a new helmsman (and a good one too), I beg you will allow me a short space for a few additional remarks I may be disposed to make. I do so in the same spirit his concluding paragraph characterises, as having been long a supporter, by enlisting several life governors and subscribers from my *own* connexion, to say nothing of my efforts as Honorary Local Secretary. Added to this also, I feel somewhat privileged as having had sons at the College during the last fourteen or fifteen years (four finished, one now there, and a sixth abiding his time).

Referring, first, to the subject of pensioners. I fully concur in the anomaly that so many widows, and especially the young and middle-aged, should so often take precedence of the elder, worn-out, may be broken-down man, who has toiled his time, and when overtaken by infirmity, in many cases, really has *no one* left who may care to substantially assist him. At least *he* is more likely to be destitute than the widow, when we take into account our own natural sympathy towards the widow and fatherless. It is, indeed, a sad case where a woman *cannot* find some friend or friends to take care of her; hence I agree that truly "a grave injustice" *is* done to many a "deserving man;" and with regard to the expense attending his election, how hard it must bear upon a *really destitute* man!

Next comes the poor orphan Foundation boy, and his sorrowing mother. How is he, may be the really most deserving and pitiful case, to be returned at election? Not by the present system, I presume to reply; but in many instances, doubtless, this very boy is "shoved" to the bottom of the poll—first, because his poor father was perhaps a secluded, hard-working country practitioner, brow-beaten, may have been, as a union doctor, without the high aristocrat to append to his card; and next, his poor mother, already impoverished, has to incur a great outlay for these canvass cards and postage at something like £4 per thousand votes to enable her to take any position at the poll, especially when we see, as this year, forty-four candidates for five vacancies. This must have happened often since the foundation of the College. It must be fresh in the recollection of many subscribers at all interested, how some few years ago a boy was elected on the Foundation, and upon his *first* application, by a majority of about 5000 votes *above* all others; while his mother, as it was said, was enjoying an income of some £600 or £800 a year! Indeed the 'ate Mr. Propert told me this at the annual dinner, and it was also commented upon in the article in THE LANCET of June 2nd, 1866, after the election (*vide* p. 612). This surely is not healthy. But whence the cause? Simply, I dare say, because the widow or her husband was of "good family," moved in high practice, had great interest, and the case was "strongly recommended." This, I repeat, is bad, and, to be plain-spoken, not only bad, but *rotten*; bad, because means and interest overcome poverty, as most probably in the case referred to—viz., the one boy, an orphan to be sure, polled, on his *first* application, 12,000 and odd; while the second polled 7000 and odd; and the first or highest unsuccessful candidate, one of six orphans at the same election, being his *fourth* application, polled 4000 and odd. (I have the exact numbers.)

Now to the remedy, and I would crave the pardon of the Council while I venture to suggest it. In my humble opinion, it is easy. At once, I would say, do away with the necessity for candidates to canvass the whole body of Governors; but simply frame and address a *bonâ fide* and truly attested case to a committee to be appointed out of the Council a month, say, before each annual election, and let this committee decide by ballot, if they will (not that politically I wish to see the ballot), but simply that each member should be shielded from the imputation of "favour or affection," while a majority shall show which is the most pitiful and deserving case; let the miseries of the cases be well weighed. The system of the case being "strongly recommended" is most obviously wrong. Truly, they are most of them so recommended. But what, let me ask, constitutes the strength? Who are the strong ones? Generally those in the ratio of the sphere of practice in which the deceased had worked, may be among dukes, lords, bishops, and baronets; while the poorer, hard-working, obscurer country practitioner's widow has the village rector, and perhaps two or three late *confrères* with her husband, to attest her misery. Yet the great evil of *this* "strongly recommended" system is to come. And what is the fact? Such as I have proved in hundreds of cases—viz., that in analysing the names of the parties "strongly" recommending, scarcely one in five subscribes a single penny to the College! Then "what's in a name"?

Some years ago our late lamented Treasurer provided me with a form of application (at my request) to send to those whom I found on a canvass card whose names were not in the published list of subscribers, and with what result? Why, Sir, I sent out the first year, aye, I may say scores of these circulars, and never received but one guinea, and that from a party closely connected with the candidate. Then, to be still out-spoken, is not this rotten?

I would further suggest that no application be received or *entertained*, except signed by the local clergyman or magistrate and two or three of the nearest medical men, all signing one document, or each signing one irrespective of the other, by which means any discrepancy or misrepresentation would be guarded against. Whatever other references a candidate may elect or choose to send should only be from those who shall be subscribers, or donors at least *pro hac vice*.

Permit me a few words, in conclusion, to offer, as a sincere well-wisher to the institution, unlimited thanks to the lay or non-medical contributors thereto; while I blush for our fraternity when I observe by the annual list how comparatively small is the sum subscribed by them, when we estimate their numbers at something like 25,000 or 30,000! What a fund would half a guinea each raise!

Your obedient servant,
Rudham, June 26th, 1869. FRED. MANBY.

To the Editor of THE LANCET.

SIR,—As many of your readers are probably subscribers to the Royal Medical Benevolent College, they perhaps find, as I do, that the numerous applications (by post or through friends) for their vote and interest at the ensuing election are often a source of trouble. The applicant may have only a slight or perhaps no acquaintance with the subscriber, who probably has no personal interest in the candidate. It is unpleasant to refuse; it is equally so to tell a lie by saying the vote is engaged; yet the subscriber may not be disposed to promise his vote to an applicant, who often has no claim, doing nothing for the interest of the institution beyond canvassing for the son of a friend or relative. If only half the zeal devoted to this purpose were devoted to procuring subscriptions, the Medical Benevolent College would be in a much more flourishing condition than it now is.

I venture to mention a plan I have occasionally adopted, and intend for the future to carry out, in the hope and belief that it may be the means of augmenting the funds of that excellent institution—viz., inquire if the applicant is a subscriber; if such should not be the case, to suggest that perhaps the best way of promoting the interest of his *protégé*, the candidate, would be at once to become one, when he would be able to ask for votes with a good grace, and then I shall be happy to give him mine.

The refusal of votes because the applicant is not a subscriber may in some cases be considered hard; but I believe it would be found to work well for the institution. It is cheaper to oblige a friend by begging votes than to subscribe and give them.

Yours obediently,
Hitchin, June 29th, 1869. O. FOSTER.

An ex-Public Vaccinator, in a letter to a provincial paper, says the *honest* result of his experience is against compulsory vaccination. Did "ex-Public Vaccinator" resign his office because he disapproved of vaccination? Or has he only matured this opinion in the leisure of his present ex-position? It is a pity such opinions should be propagated by sensible medical men, especially if their relations to office have been altered in a way that may warp their opinions.

THE SMALLMAN FUND.

THE following contributions have been received at THE LANCET Office on behalf of the above:—

Mr. Dudley	£1 1 0
Dr. Jackson	0 10 6

A Sufferer.—The nuisance authority of a district—not the nuisance inspector, who is but an agent of the authority—has power (Sanitary Act, secs. 22, 23) to use or cause to be used means for disinfection, if it see fit, under the circumstances mentioned.

Enquirer will, doubtless, be informed of the "necessary requirements and mode of application" by addressing the Company, through the Secretary, 8, Billiter-square, E.C.

An Assistant-Surgeon.—We have not heard that any such reduction is proposed.

Mr. G. Rowland should consult some medical man in whom he has confidence. Written descriptions of disease are apt to mislead.

Ystrad should apply to any of the large shipowners.

LAW AND PHYSIC.

THERE was when the three black graces—Law, Physic, and Divinity—lived in fair equality. If Bacon and Jeffries and Coke drove state coaches with liveried flunkeys in great array, Dr. Mead and Dr. Radcliffe were enabled to vie with them as much in external show as in vivacious wit, and Bishop Burnett was no less a courtier than an historian. "Tempora mutantur, et nos," &c. The goods and chattels of this world have grown to be of more import than the man, either in his physical or spiritual condition, and the lawyer is permitted to take the lead as the arbiter and adviser, no less than the *diverticulum pecuniæ* in matters of State or county or parish. Videlicet:—In *The Times* of June 28th appeared in juxta-position two advertisements. The first, seeking a town clerk, who was to be an admitted attorney, and to be allowed to practise on his own account, the salary offered being £400 per annum. The second required a medical officer for a union district of considerable area. He was to be a registered, qualified practitioner of course; he was to reside in the district; and he was to have £35 a year, with perquisites—perhaps making up at the outside £80. Happily the time is coming—at least there are many signs of so desirable an advent—when the competition for these *eligible* appointments will subside, and "guardians" will find it as necessary to provide a due guerdon to the medical as to the legal officer. This is one of the many good results we may anticipate from the improved preliminary as well as professional education of our younger brethren—an improvement, by the way, which has preceded and gone beyond any advancement of that nature in the legal profession.

M.D. will see that we have given a full answer to his question in reply to another correspondent. The L.R.C.P. Edin. is not recognised by the Poor-law Board as a medical qualification.

Anti-Humbug.—The matter shall receive attention.

QUALIFICATIONS NECESSARY FOR POOR-LAW MEDICAL APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—I see in your last issue (in reply to a correspondent) that the degree of L.R.C.P. Edin. is not recognised by the Poor-law Board as a medical qualification. This, I think, should be distinctly understood by all candidates for that degree; otherwise a serious impediment stands in the way of candidates for parochial appointments who are ignorant of this fact. Might I trouble you to inform me what degrees are recognised, and also whether the licence of the Faculty of Physicians and Surgeons of Glasgow is recognised as a surgical qualification, or medical, or not either.

Yours faithfully,

July 1st, 1869. X. Y. Z.

*** We have recently received an unusual number of queries from correspondents relative to the particular qualifications which are recognised by the Poor-law Board as rendering the possessor eligible for Poor-law appointments, and this is particularly the case as regards the L.R.C.P. Edin. This title is not recognised by the Poor-law Board as a medical qualification. The licence of the Faculty of Physicians and Surgeons of Glasgow is considered to be a surgical qualification. The Poor-law Board require that the holders of Poor-law appointments shall possess both a medical and surgical qualification. The surgical may be obtained from any College or University in England, Scotland, or Ireland. The medical must be a degree in medicine from a University in *England*, legally authorised to grant such a degree, or a diploma or licence from the College of Physicians of *London*, or the licence of the Apothecaries' Society. In fact, the medical qualification must be an *English* one. The M.B. of the University of London is available as a surgical qualification. There are only two exceptions to the above rules. A diploma or degree as surgeon from a College or University in England, Ireland, or Scotland suffices for a Poor-law appointment if the holder was in actual practice as an apothecary on the 1st of August, 1815; and secondly, a commission as surgeon or assistant-surgeon in the army or navy, or apothecary in the army, also suffices for an appointment if it be dated prior to the 1st of August, 1836. There is certainly a special provision made, that if no one with the above qualifications can be got to attend the poor, anyone legally licensed to practise may be appointed medical officer; but this is to be submitted to the special consideration of the Poor-law Board, and would only be put into force under the most exceptional circumstances.

Peckham.—Sewer contractors seem to be virtually absolute as to choice of time for carrying on their works. Taking up an old sewer in hot weather is a common practice with them; and the fact that nobody prevents them from following this practice, so dangerous to the public health, illustrates the small regard shown for hygienic laws in this country.

Alpha.—The misconduct of the first would justify the punishment mentioned. It is not so clear whether that of the second would do so.

THE DILATABILITY OF THE FEMALE URETHRA.

To the Editor of THE LANCET.

SIR,—I shall feel greatly obliged if any of your readers will inform me what is the *greatest* amount of dilatability of the female urethra without laceration of that canal. I consider it a matter of importance, now that we can gauge (if I may apply the term to solid bodies) the size of a calculus in the female bladder by the use of Sir H. Thompson's lithotrite, to know what is the largest size of stone which it is advisable to extract by the urethra.

Perhaps some of your correspondents will inform me what are the dimensions of the largest stone which they have removed from the female urethra without serious injury to that passage.

Yours truly,

Dewsbury, June 30th, 1869. C. A. HEMINGWAY.

HEALTH OF HARROGATE.

AN extract from the *Harrogate Herald*, relative to the health of that town, has been copied into the London papers, with the object of showing that reports which have been circulated about the prevalence of fever there are unfounded. Our local contemporary has ascertained that, taking the period from 1st of May to 21st of June in the three years 1867-9, the total deaths registered in each year were 30, 25, and 27; and the average being 27⅓, it is said that, as the population is fully 10,000, the mortality is "considerably less than 1½ per cent. per annum"—a rate which the *Herald* believes to be "almost without a parallel in the United Kingdom." It is hardly necessary to point out that this latter belief is slightly at variance with facts, inasmuch as midsummer death-ratios of much less than 17·5 per 1000 are not uncommon, in England at least. But we really are concerned about the arithmetic which deduces an annual rate of mortality of 17·5 per 1000 from 27⅓ deaths occurring in seven weeks out of a population of 10,000. According to Cocker, 3·9 deaths per week would amount to 203 deaths in a year, and the ratio of these to the population would be 20·3 per 1000. We should hardly have expected such a slip as this from Yorkshire.

A MEDICAL WITNESS AT GEELONG.

WE have received from a correspondent a portion of the report of a trial at Geelong (Barnett et Uxor *v.* Reid), containing the following choice morsels of medical evidence. In England we are accustomed to see medical witnesses very freely sat upon by all the representatives of the law; and, without altogether admiring the vivacity that appears to characterise antipodean litigation, we cannot but feel pleasure that a member of our own profession should prove himself so very much too strong for his natural enemy and assailant—the counsel on the other side.

Mr. Reid, in the box, cross-examined by Mr. Quinlan, counsel for plaintiffs.

Quinlan.—You have an extensive private practice in addition to your hospital duties?

Reid.—I have a very good consulting practice. Most of my patients come from far, live in the various hotels in the town, and do not occupy my time nearly so much as a very general moderate practice. In point of fact, I never am days in attendance on a midwifery case, and do not go out half a dozen times a day to visit a child who has eaten too much plum pudding. That is the business of a general practitioner, and not of a consulting surgeon.

Quinlan.—What is your income from your private practice?

The Chief Justice.—I think you are going too far, Mr. Quinlan.

Foreman of Jury.—It appears to me, your Honour, that the counsel for the plaintiffs is occupying our time needlessly in subjects that should not come before us.

The Chief Justice.—I perfectly agree with you.

Quinlan.—Could you give us any idea of the time you take to make an examination of your private patients?

Reid.—The time I take varies; but I will give you an instance that occurred not long ago. A gentleman called upon me with a husky voice, stating that he suffered from rheumatism, and wished my opinion. I observed that he entered my room with his head and chest bent forwards. In reply to my queries, he admitted that he had pain in the back and in the left shoulder; that he had great difficulty in swallowing, the food appearing to stick in his throat; that at night he was constantly obliged to bend his body well forwards to get relief, and that he had a difficulty of breathing. On putting up his shirt, I found the heart's apex outside the nipple line, and there was little respiratory action in the left lung. I told him at once that he had a small aneurism pressing upon the left bronchus, and that if he did not take care he would die suddenly. He paid me a guinea and went away. The time I have taken to describe this to you is about the same time I devoted to the patient.

Quinlan.—You state that most of your private patients come from a long distance.

Reid.—Yes, they do.

Quinlan.—Then they must be very severe cases.

Reid.—I do not suppose that a man would come many hundred miles to me if he could be cured by a general practitioner in his district.

Quinlan.—Then they have long stories to tell you.

Reid.—Yes, they have.

Quinlan.—And how then do you get through your work?

Reid.—By attending to my business, examining the patient thoroughly, and preventing his indulging in any irrelevant conversation.

The Chief Justice.—Oh! that I could do the same; wouldn't I get through my work quickly. (Laughter.)

Quinlan.—Ain't you very rough and abrupt in your manners, and do you not imitate Abernethy in this particular?

Reid.—I imitate the peculiarities of no man's manner.

Quinlan.—Don't affect to misunderstand me, sir. Would you not—like Abernethy—order a patient who was addressing you to put out his tongue and hold it there?

Reid.—I never did such a thing in my life; but I have not the slightest doubt that if you consulted me I should be obliged to do so in your case. (Loud laughter.)

Quinlan.—It appears, doctor, that you not only have the sympathies of the bulk of the medical profession on your side, but of the bar.

The Chief Justice, to Mr. Quinlan.—And you may add of the Judge also.

WEST BROMWICH HOSPITAL.

AT the annual meeting, on Tuesday last, of the Governors of the West Bromwich Infirmary, it was stated that about £6750 had been promised towards the building fund of the new hospital, of which the infirmary has been the pioneer. The new building will be proceeded with as soon as possible, and the foundation stone is to be laid by the Countess of Dartmouth.

Mr. Simpson, (South Walsham.)—All the leading dentists adopt the methods referred to.

J. M.—We believe that the death followed delivery; but we are unable to state the exact cause.

Pose should ask "his friend" for the reference.

THE SUPPLY OF VACCINE LYMPH.

OUR attention has been called to a letter by a Mr. H. Ballans in the *Leighton Buzzard Observer*, in which he says: "There is no source in the kingdom whence a pure vaccine matter can be obtained. THE LANCET of the 15th of May says so." We should have thought Mr. Ballans and his letter utterly unworthy of notice if he had not presumed thus to misrepresent us. We expressed dissatisfaction with the general lymph supply; but did not say anything which even by implication would suggest that there is no source from which good human lymph may be obtained.

V. O. U.—We shall be happy to publish an abstract.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I should feel obliged if you will permit me, through your columns, to make an appeal to Poor-law medical officers generally for information on the subjects included in the accompanying form of queries, as I wish to be supplied with data on which the Poor-law Medical Officers' Association may hereafter with some authority show the necessity of a radical change in the system of out-door medical relief. Having had the opportunity of considerable oral and written communications with gentlemen, members of Parliament, &c., who are interested in Poor-law reform, I find that considerable misapprehension exists in reference to the ability or otherwise of the labouring classes to provide medical attendance on themselves and families.

A copy of the circular has been sent to two or three members of the Association residing in each county of England and Wales; but the information would be of greater value could it be obtained generally, and I know of no better medium of publicity than the pages of your journal.

I am, Sir, yours obediently,

Dean-street, July 1st, 1869. JOS. ROGERS.

Poor-Law Medical Officers' Association.

33, Dean-street, Soho, W., June 14th, 1869.

DEAR SIR,—Would you kindly answer the following questions at your earliest convenience?

What is the average rate of weekly wage earned by the labouring classes in your county?—

1. Amongst the agricultural.
2. The town mechanic and manufacturing classes.

Have you any provident clubs which secure medical attendance, &c. for other than the male head of the family, and, if so, to what extent and in what manner?

Do you consider that the working classes generally can earn a sufficiency to pay for medical attendance on themselves and families?

Would the provision of all medicines, &c., by the guardians be an advantage in the treatment of the sick poor of your neighbourhood?

Any further brief information on these heads, which it may be in your power to supply, would oblige,

Yours truly,

JOSEPH ROGERS, M.D., President.

THE CASE OF BERRY *versus* JONES.

WE have been requested to state that a meeting of medical practitioners and friends of Mr. Berry, of Wimbledon, was held a few days since to take into consideration the desirability of collecting subscriptions for defraying the expenses incurred by that gentleman in defending the false charge recently brought against him by the servant girl, Cecilia Jones, and his subsequent prosecution of this girl for perjury. The following resolutions were agreed to:—

1st. That a fund be raised for the purpose of defraying the heavy expenses incurred by Mr. O. W. Berry in defending the unfounded charge recently brought against him by Cecilia Jones, and his subsequent prosecution of her for forgery.

2nd. That the following gentlemen do form a committee, with power to add to their number:—W. Travers, Esq., F.R.C.S.E., Bath-place, Kensington; Dr. Mackinlay, Isleworth; N. H. Clifton, Esq., F.R.C.S.E., Islington; Dr. Skegg, St. Martin's-place; E. Child, Esq., New Maldon, Surrey; H. Woolcott, Esq., Charing-cross Hospital; Dr. Turner, 182, King's-road, Chelsea; Dr. A. Farr, 88, Waterloo-road, S.; W. Haughton, Esq., 2, Baker-street, W.; Dr. S. S. White, Mostyn-road, Brixton; Dr. Langston, Broadway, Westminster; and Dr. E. Sandwell, 10, Charles-street, Soho-square.

3rd. That H. Woolcott, Esq., Charing-cross Hospital, do act as Treasurer; and Dr. E. Sandwell, 10, Charles-street, Soho, as Hon. Sec.

4th. That subscriptions be received by the Secretary, Treasurer, and each member of the committee.

AN EXPLANATION.

Dr. Stephen Duke, of Langton-place, Vassal-road, Brixton, requests us to state that he is not the "Mr. Duke, a surgeon," who is reported in the newspapers of the 22nd and 29th ult. as having attempted to dissuade a certain Mr. Helton from prosecuting a man charged with embezzling certain sums of money from Mr. Holton.

HAECKEL ON THE MONERA.

To the Editor of THE LANCET.

SIR,—In recent article you refer to Ernst Haeckel's monograph of the Monera. Those of your readers interested in this matter will be glad to know that a complete translation of Haeckel's monograph, with coloured plates, is contained in this year's volume of the "Quarterly Journal of Microscopical Science." I am, Sir, yours truly,

Melton House, Hampstead, June 30th, 1869. E. RAY LANKESTER.

AN INSECTIFUGE.

To the Editor of THE LANCET.

SIR,—I recommend your correspondent, "A Parish Doctor," to place a few drops of the solution of chlorinated soda upon his linen before visiting his patients. He will find it a good insectifuge.—Yours truly,

Dewsbury, June 30th, 1869. OMEGA.

Mr. W. J. Mountain explains to our satisfaction his connexion with the objectionable handbill which we inserted in a recent number. It was published before he had seen it. He states that he immediately gave orders that the issue be stopped, and at once terminated the engagement with the chemist who issued the bill. We are very happy to publish this explanation, and we willingly acquit our correspondent of any desire to act unprofessionally.

Mr. James Watt should be advised by his ordinary attendant as to the best physician to consult.

M.A. Cantab.—M.R.C.S. and M.A. Cantab.

HAY FEVER.

To the Editor of THE LANCET.

SIR,—As the peculiar irritability of the system commonly shown by the excessive irritation of the pituitary membrane and the mucous tracts connected with it, distinguished on its occurrence by the name of "hay-fever," has called forth publications lately from both medical men and others, and I see all sorts of mysterious compounds advertised for its treatment, allow me to suggest to the profession the employment of coloured spectacles, especially blue, to diminish the effect of the sun's rays on the conjunctiva, which I believe to be the exciting cause of the paroxysms. We constantly have hay fever without hay, and we also know that minute particles of various substances produce similar symptoms in people where peculiar sensitiveness exists. The mechanical effects of the spectacles are even to be desired, as well as the power they possess in modifying the glare. I speak from experience, and know this hint will prove useful. They should be put on immediately on the patient getting up, or even before if the morning is bright, and may be discontinued as the system is strengthened towards the forenoon. Coloured blinds are also useful.

Numbers of remedies have been recommended to recruit the patient, and each case may demand some modification; but the old and excellent combination of sulphate of quinine with sulphate of magnesia, or a mixture of belladonna and bromide of potassium, I have found to be exceedingly satisfactory in its results. The diet should be sparing, and almost entirely composed of animal food, biscuit or toast, and several glasses of good claret, dry sherry, or Base's beer. Yours truly,

Aberdeen, June 22nd, 1869. A. VANS BEST, M.D., F.R.C.S.

WE regret that the extreme pressure on our columns obliges us to postpone an article (in type) on the subject of Dr. Elam's recent paper on "Medicine, Disease, and Death."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Gamgee, Birmingham; Prof. Spence, Edinburgh; Dr. Hyde Salter; Dr. Lankester, Hampstead; Dr. Braxton Hicks; Baron Haussmann, Paris; Dr. Letheby; Mr. Trollope; Mr. Lawrence, Redcar; Dr. Bogg, New Barnet; Mr. Taylor, Birmingham; Mr. Hemingway, Dewsbury; Mr. Simpson, South Walsham; Mr. Newman; Mr. Morris, Abernant; Mr. Howard; Mr. Smith, Axbridge; Mr. Gibbs, Great Malvern; Mr. Davies, Macsteg; Mr. Allerton, Bromley; Dr. Gervis; Mr. Turner; Mr. Gent; Mr. Baker, Longford; Dr. Thorburn; Mr. Foster, Swansea; Dr. Barker; Mr. Ladelow; Mr. Gittens; Mr. Bruce, Rothesay; Mr. Scott; Dr. Edwards, Tunstall; Dr. Wilson; Mr. E. Robins, Wallasey; Mr. Clifton, Northampton; Mr. Wheeler; Mr. James, Newport; Mr. Goodwin; Dr. Delards; Dr. Savage, Nent Head; Mr. Bamford, Liverpool; Dr. Phillips; Dr. Gray, Selby; Dr. Joyce, Rolvenden; Dr. Moorhead, Articlare; Mr. Pepper; Mr. Kempon; Mr. Knight; Dr. Rayner, Malvern; Mr. Hunter, Dewsbury; Mr. Sequeira; Mr. Edgill; Dr. Hills, Petersfield; Dr. Constable, Louchars; Mr. Ball; Mr. Hensman, Chatteris; Mr. Hurst, Granton; Mr. Kenyon, Wroughton; Mr. Hirons; Mr. Burt; Mr. Brown; Mr. James, Framlingham; Mr. W. Chrispin; Mr. E. Laurie, Edinburgh; Dr. Littlejohn, Edinburgh; Dr. Wilks, Bangor; Messrs. Duke, Kennington; Mr. Donaldson; Mr. Woodman; Mr. Churchill; Dr. Todd, Rothbury; Mr. Barton, Dewsbury; Mr. Leigh; Mr. Keen; Mr. Mountain, Sheffield; Rev. Mr. Taplin, Todmorden; Mr. Coates, Devonport; Mr. A. Pearson, Glasgow; Mr. Terry; Dr. Kitchener, Jersey; Mr. Simmons; Mr. J. Orton, Foleshill; Messrs. Hamilton and Co.; Mr. Hardy; Mr. Foss, Brompton; Mr. Packe, Darlington; Mr. Sheppard; Mr. H. Lee; Mr. Davies, Warrington; Mr. Grant, Winchfield; Dr. Hawkes, Hanwell; Mr. Meredith; Mr. Wigg; Mr. Lever; Mr. Hill; Dr. Davis, Barntwood; Mr. Moffatt; Dr. Clarke, South Molton; Mr. Wilson, Clay Cross; Dr. Watters, St. Louis; Mr. Watt; Dr. Lewins; Homer; Anti-Humbug, Glasgow; M.D.; Alpha; Inquirer; M.A.; W. B.; Omega; Justitia; An Old Practitioner; X. Y. Z.; A Subscriber; Medicus; An Assistant-Surgeon; W. B. A.; M.A. Cantab.; The Council of the Society of Arts; Pro Bono Publico; A Country Practitioner; A. Z.; Delta; A Sufferer; &c. &c.

New York Medical Gazette, Brighton Guardian, Lincolnshire Chronicle, Newcastle Daily Journal, Liverpool Albion, Jackson's Oxford Journal, Gibraltar Chronicle, Brighton Gazette, Stirling Observer, Bucks Herald, Surrey Advertiser, California Medical Gazette, Gardeners' Magazine, Nose-a-Days (Part I.), *Journal of Mental Science, Scarborough Gazette, Gateshead Observer, New York Medical Record, Merthyr Telegraph, Richmond and Louisville Medical Journal, Jamaica Gazette,* and *Morning Herald* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under.....	£0	4	6	For half a page	£3 13 0
For every additional line.....	0	0	6	For a page	4 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.